

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9082

State File No.

FILED MAR 31 1955

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 52

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Phelps | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps <u>0712</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rolla / | c. LENGTH OF STAY (in this place) Life | c. CITY OR TOWN Rolla | d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>0</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1100 Powell Ave., | | STREET ADDRESS (If rural, give location) 1100 Powell Ave., | |

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|---|-------------------------------|---|--|--|---|
| 3. NAME OF DECEASED a. (First) CHRISTINE b. (Middle) LOUISE c. (Last) CARNEY | | | 4. DATE OF DEATH Mar. 16, 1955 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child | 8. DATE OF BIRTH Feb. 13, 1954 | 9. AGE (In years last birthday) 1 | IF UNDER 1 YEAR 1 MONTHS 3 DAYS |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY XX | 11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri <u>0</u> | | 12. CITIZEN OF WHAT COUNTRY? US |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME George Carney | | 13b. MOTHER'S MAIDEN NAME Mary Grantham | | 14. NAME OF HUSBAND OR WIFE XX | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XX (If yes, give war or dates of service) XX | | 16. SOCIAL SECURITY NO. XX | | 17. INFORMANT'S SIGNATURE OR NAME George Carney, 1100 Powell Ave., Rolla Mo., ADDRESS | |

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|---|--|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Strangulation | | INTERVAL BETWEEN ONSET AND DEATH a few minutes (D.O.A.) |
| | ANTECEDENT CAUSES (b) (Head + neck caught in angle between kiddie coop and lid) | | |
| | MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. (c) none | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION E9250 18 | |

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|--|--|---|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rolla Phelps Mo | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-16-55 11 AM | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Baby tried to get out of kiddie coop, neck caught | |

22. I hereby certify that I attended the deceased from 3-16, 1955, to 3-16, 1955, that I last saw the deceased alive on 3-14, 1955, and that death occurred at 11 A m., from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) M. D. Underwood | | 23b. ADDRESS 202 West 10th Rolla Mo | | 23c. DATE SIGNED 3-16-55 | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Mar. 19, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Rolla, Missouri | | 24e. FUNERAL DIRECTOR'S SIGNATURE Null ADDRESS Rolla Mo., | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. Mar. 21, 1955 | | REGISTRAR'S SIGNATURE Nadine L. Steele | | 25. FUNERAL DIRECTOR'S SIGNATURE By S. J. ... ADDRESS Rolla Mo., | |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 5-21-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *S. B. V. [Signature]* _____

Licensed Embalmer No. *3394*

P. O. Address *Roller*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.