No. 300
10.48

FILED JUN 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19174

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 85

0490
1

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Joplin Twsp.
c. LENGTH OF STAY (In this place): 26 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ROUTE #1 JOPLIN, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN: RURAL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): RT#1 JOPLIN, MO 0490

3. NAME OF DECEASED (Type or Print)
a. (First): PRINTESS
b. (Middle): ELBERT
c. (Last): CARR

4. DATE OF DEATH (Month) JUNE (Day) 16 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOVEMBER 14, 1891
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 7, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ATLAS POWDER EMPLOYEE
10b. KIND OF BUSINESS OR INDUSTRY: EXPLOSIVE COMPANY
11. BIRTHPLACE (City and State or Foreign Country): RICHIE MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JACOB A CARR
13b. MOTHER'S MAIDEN NAME: EMMA ALBURTY
14. NAME OF HUSBAND OR WIFE: ANNA LOUISE CARR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): " " "
16. SOCIAL SECURITY NO.: 441-10-9565
17. INFORMANT'S SIGNATURE OR NAME: ANNA LOUISE CARR — ADDRESS: RT#1 JOPLIN, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower nephron nephrosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anemia
DUE TO (c) Cancer of Prostate — 20 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 177X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-24-54, *19*___, *to* 6-16-55, *19*___, *that I last saw the deceased alive on* 6-13-55, *19*___, *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C M Ferguson MD
23b. ADDRESS: Webb City, Missouri
23c. DATE SIGNED: 6-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6/20/55
24c. NAME OF CEMETERY OR CREMATORY: OZARK MEMORIAL PARK CEMETERY
24d. LOCATION (City, town, or county): JOPLIN, (State) MO

DATE REC'D BY LOCAL REG.: 6-18-55
REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer 474-00
25. FUNERAL DIRECTOR'S SIGNATURE: HEDGE-LEWIS FUNERAL HOME — ADDRESS: WEBB CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

Date Filed JUN 2 1 1966

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STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 44

P. O. Address Webb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.