

FILED JUL 6 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19496

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>229</u>		PRIMARY REG. DIST. NO. <u>2949</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>New Florence, Mo.</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY OR TOWN <u>New Florence, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				• STREET ADDRESS (If rural, give location) <u>0700</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Carver</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-29-1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-2-1862</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>..</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Near Big Spring, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John J. Guill</u>		13b. MOTHER'S MAIDEN NAME <u>Maryie Spencer</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Carver</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Irene Stahm, New Florence, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration with decompensation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Mitral incompetency and arteriosclerosis Sev. Yrs</u> DUE TO (c) <u>4.221</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. General senile manifestations</u>				INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 18, 1946</u> , to <u>June 29, 1955</u> , that I last saw the deceased alive on <u>June 29, 1955</u> , and that death occurred at <u>1:45 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>[Signature]</u>				23b. ADDRESS <u>New Florence, Missouri</u>		23c. DATE SIGNED <u>6-30-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-1st 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>2MI S-New Florence, Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-1-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u>			

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

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 *D B Baker*.....

Licensed Embalmer No. 3375.....

P. O. Address AMERICANS.....

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.