

0.300
0.48

81
4

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

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26892

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MARCELINE</u>	c. LENGTH OF STAY (In this place) <u>11 days</u>	c. CITY OR TOWN <u>Mendon</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 <u>Bunton Rest Home</u>		f. STREET ADDRESS (If rural, give location) <u>0219</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>IVAH</u> b. (Middle) <u>A.</u> c. (Last) <u>CARR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 8-1955</u>
---	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MAY 24-1885</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
-----------------	---------------------------	--	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>JAMES WASHAM</u>	13b. MOTHER'S MAIDEN NAME <u>Gene Bailey</u>	14. NAME OF HUSBAND <u>Chris N. Carr</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Cruise Mendon MO</u>	ADDRESS
--	-------------------------	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanteritis & acute psychosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	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) (m.)	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 July, 1955, to Sept 7, 1955, that I last saw the deceased alive on Sept 7, 1955, and that death occurred at 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George J. Raymond</u>	23b. ADDRESS <u>Marceline Missouri</u>	23c. DATE SIGNED <u>9-9-55</u>
--	---	-----------------------------------

24a. BURIAL (Specify)	24b. DATE <u>19/11/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mendon</u>	24d. LOCATION (City, town, or county) (State) <u>Mendon Mo</u>
-----------------------	------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>9-9-55</u>	REGISTRAR'S SIGNATURE <u>Maury Raymond</u>	401- <u>Raymond</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. A. Keiser</u>	ADDRESS <u>Mendon MO</u>
---	---	------------------------	---	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1958

JUL 25 1958

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..... *A. R. Ripard*

Licensed Embalmer No. *39*

P. O. Address *Mendon*

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.