

FILED MAY 17 1956

STANDARD CERTIFICATE OF DEATH

15993

State File No.

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

BIRTH NO.		REG. DIST. NO. <u>110</u>		PRIMARY REG. DIST. NO. <u>4182</u>		Registrar's No. <u>42</u>			
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>110</u> b. COUNTY <u>Franklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Haven Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 Yr 8 Mo</u>		c. CITY OR TOWN <u>New Haven</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0360</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JUDITH</u>			b. (Middle) <u>ANN</u>		c. (Last) <u>CAREY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>Sept. 12, 1954</u>		9. AGE (In years last birthday) Months Days <u>1 8</u>	10. IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>New Haven Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Thomas Carey</u>			13b. MOTHER'S MAIDEN NAME <u>Irma Blau</u>		14. NAME OF HUSBAND OR WIFE				
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>Mr. Thomas Carey New Haven</u>		ADDRESS <u>110</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>Acute Gastro-enteritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Viral upper respiratory infection</u>		<u>4 days</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							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>0969</u>							
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 <u>May 10, 1956</u> , to <u>May 13, 1956</u> , that I last saw the deceased alive on <u>May 13, 1956</u> , and that death occurred at <u>8:45 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. Held D.O.</u> (Degree or title)				23b. ADDRESS <u>New Haven, Missouri</u>		23c. DATE SIGNED <u>5/14/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 15 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Assumptin Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>New Haven Mo.</u>				
DATE REC'D BY LOCAL REG. <u>5/15/1956</u>		REGISTRAR'S SIGNATURE <u>Kettie Murphy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Teatis</u>		ADDRESS <u>New Haven Mo</u>			

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 *Earl C. Gentry*.....

Licensed Embalmer No. *3379*.....

P. O. Address *New York*.....

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.