

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20361

BIRTH NO. _____		REG. DIST. NO. 142		PRIMARY REG. DIST. NO. 6557		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Sisson Twp		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Sisson Twp. 0460					
d. FULL NAME OF HOSPITAL OR INSTITUTION residence				d. STREET ADDRESS (If rural, give location) Pomona, Mo. Rt. 1					
3. NAME OF DECEASED (Type or Print) a. (First) LeRoy b. (Middle) (None) c. (Last) Carr			4. DATE OF DEATH (Month) (Day) (Year) May 27, 1956						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 18, 1888			
				9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer			10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Chillicothe, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Carr			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Sannie Hamilton Carr				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. LeRoy Carr, Pomona, Mo. R-1					
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) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arteriosclerosis of Heart Disease DUE TO (c) Chronic Alcoholism II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200					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) (Min)		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 May 21, 1956 to May 27, 1956, that I last saw the deceased alive on May 21, 1956, and that death occurred at 4 PM m., from the causes and on the date stated above.									
22a. SIGNATURE (Degree or title) Dr. Richard L. Smith D.C.T.				22b. ADDRESS West Plains, Mo.		22c. DATE SIGNED 6-6-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 30, 1956		24c. NAME OF CEMETERY OR CREMATORY Mackey Cem.		24d. LOCATION (City, town, or county) (State) Pomona, Mo.			
DATE REC'D BY LOCAL REG. 6-18-56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hal Shoubrugh W. Plains, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed.....

*Hal Rowland*

Licensed Embalmer No. 3408

P. O. Address W. Plains,

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 this body is not embalmed, fact should be so stated above.