

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25740

State File No.

FILED JUL 24 1956

1040

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>4508</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Galena, Mo.</u>		c. LENGTH OF STAY (In this place) <u>8 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Galena, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1040</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u>			b. (Middle) <u>Fishback</u>			c. (Last)	
4. DATE OF DEATH		5. SEX <u>F</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> 8. DATE OF BIRTH <u>July 22-1874</u> 9. AGE (In years last birthday) <u>81-11</u> 10. MONTH <u>28</u> 11. DAYS 12. HOURS 13. 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		11. BIRTHPLACE (City and State or Foreign Country) <u>Flat Creek - Barry Co. Mo. U.S.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Henry Carney</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Clark</u>		14. NAME OF HUSBAND OR WIFE (deceased) <u>William Fishback</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sula King - Galena, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction</u> ANTECEDENT CAUSES <u>Chronic</u> DUE TO (b) <u>Chronic</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>19mth</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		287X	
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 <u>Jan</u> , 19 <u>44</u> , to <u>July</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>July 13</u> , 19 <u>56</u> , and that death occurred at <u>5:30pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. J. Carney M.D.</u>				23b. ADDRESS <u>Galena Mo.</u>		23c. DATE SIGNED <u>21-July-1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 13-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carney Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 12-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Everett Cheatham - Galena Mo</u>			
Per <u>Jane Murray</u> (Licensed Embalmer's Statement on Reverse Side)							

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

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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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Everett J. Cheatham

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.