

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1957

State File No. **9749**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE New York b. COUNTY Malone	
b. CITY (If outside corporate limits, write RURAL and give township) St Charles		c. CITY OR TOWN Malone	
c. LENGTH OF STAY (in this place) 3 mo		d. 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 1127 No. Benton		e. STREET ADDRESS (If rural, give location) Malone N.Y.	

3. NAME OF DECEASED (Type or Print) Jennie Carr	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Feb. 27 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 20 1876	9. AGE (In years last birthday) 80	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Orangetown Canada	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert Campbell	13b. MOTHER'S MAIDEN NAME Christina Sangster	14. NAME OF HUSBAND OR WIFE George Carr
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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 Mrs James Lloyd St Charles Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension & Arteriosclerosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Disease DUE TO (c) Hypertension and Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		Interval between onset and death Unknown	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4200
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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?
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22. I hereby certify that I attended the deceased from **Dec. 9, 1956** to **Feb. 27, 1957**, that I last saw the deceased alive on **Feb. 27, 1957**, and that death occurred at **7:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Don L. Randall, M.D.	(Degree or title)	23b. ADDRESS 207 N. 5th St. Charles, Mo.	23c. DATE SIGNED Feb. 27, 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial Rem	24b. DATE March 3 1957	24c. NAME OF CEMETERY OR CREMATORY Bombay Cemetery	24d. LOCATION (City, town, or county) (State) Mallone N.Y.
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DATE REC'D BY LOCAL REG. Feb. 27-57	REGISTRAR'S SIGNATURE Hazel Lavelle Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Arthur C. Baur	ADDRESS St Charles, Mo.
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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.....
Signature of Student Embalmer

Signed *Plumer M. Billo*.....

Licensed Embalmer No. *4375*.....

P. O. Address *St. Charles, Mo.*.....

**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.**