THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020395
STATE FILE NUMBER

FILED JUN 9 1958

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1336

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY OR TOWN: Kirkwood 3 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Joseph's Hospital — Length of stay in 1b: DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City 3 0580 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3921 Charlotte St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Cora Middle: Geneva Last: Carney

4. DATE OF DEATH: Month: May Day: 19 Year: 1958

5. SEX: Female 6. COLOR OR RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] 8. DATE OF BIRTH: May 30, 1924 9. AGE (In years last birthday): 33 IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10b. KIND OF BUSINESS OR INDUSTRY: At Home 11. BIRTHPLACE (City and state or country): Sabula, Mo. 12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Hughes 13b. MOTHER'S MAIDEN NAME: Ethel White 14. NAME OF HUSBAND OR WIFE: Woodrow W. Carney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II 16. SOCIAL SECURITY NO.: Unknown 17. INFORMANT: Mrs. Herbert Fahland, Address: Ironton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Blunt trauma as a result of automobile accident

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) E 816.4

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [?] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Passenger in car operated by her husband which was involved in a collision with another car on Highway 21, 4 miles north of Hillsboro (Jefferson County)

20c. TIME OF INJURY: Hour 5:45 (OSP) Month, Day, Year 5/17/58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway

20f. CITY, TOWN, OR LOCATION: near Hillsboro 050 COUNTY: Jefferson STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Hart (Degree or title) Coroner 3

22b. ADDRESS: Clayton, Mo.

22c. DATE SIGNED: 5/21/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal 23b. DATE: 5-19-58 23c. NAME OF CEMETERY OR CREMATORY: LOCAL 23d. LOCATION (City, town, or county) (State): Iron Co., Mo.

24. FUNERAL DIRECTOR: Albert H. Hoppe, ADDRESS: 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: 5-19-58

26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUN 11 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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. L

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.