

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037667

STATE FILE NUMBER

FILED NOV 10 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 10425

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN BOWLING GREEN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S		d. STREET ADDRESS (If outside, give location) 110 HIGH ST. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle nmn Last CARR		4. DATE OF DEATH Month OCT. Day 30 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-16-85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY - unk	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR: Months 2 Days 14 IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LEN CARR		13b. MOTHER'S MAIDEN NAME NANCY TRAUX	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE MARGARET CARR	
16. SOCIAL SECURITY NO. 4500		17. INFORMANT HOSPITAL RECORD Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mesenteric Thrombosis DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Approx. 24 hours
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 10/28/58 to 10/30/58 and last saw ^{her} _{him} alive on 10/29/58 Death occurred at 9:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James A. Nichi, M.D. (Degree or title)		22b. ADDRESS 5535 Delmar - St Louis ST LUKE'S HOSP	
22c. DATE SIGNED 10/30/58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-2-58	
23c. NAME OF CEMETERY OR CREMATORY BOWLING GREEN CEMETERY		23d. LOCATION (City, town, or county) (State) BOWLING GREEN MO.	
24. FUNERAL DIRECTOR GALE BANKHEAD ADDRESS BOWLING GREEN MO.		25. DATE RECD. BY LOCAL REG. OCT 3 1958	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.O.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Harold Kink*

Licensed Embalmer No. *4597*

P. O. Address *Bowling Green*

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.