

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014788  
STATE FILE NUMBER  
Registration No. **3490**

**MAY 1 1959** Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Silex</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL-NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>De Paul</b>		Length of stay in lb <b>12 days</b>	d. STREET ADDRESS (If outside, give location) <b>RFD</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>(FATHER) WILLIAM FRANCIS CARR</b>			4. DATE OF DEATH Month Day Year <b>April 8 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 16 1879</b>
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>22</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Priest</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>James Carr</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Fogarty</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. -----	17. INFORMANT Address <b>Bessie Carr, Silex, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio vascular renal disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>General arterio sclerosis</b> DUE TO (c) <b>Cause unknown other than age</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b> <b>5 yrs +</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>442X</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <b>/</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>/</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>/</b>	
20e. CITY, TOWN, OR LOCATION <b>/</b>		20f. COUNTY STATE <b>/</b>	
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		20g. COUNTY STATE	
21. I attended the deceased from <b>April 1 1959</b> to <b>April 8/59</b> and last saw <sup>her</sup> <del>him</del> alive on <b>April 7-1959</b> Death occurred at <b>22</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>R. M. Mudd M.D.</b> (Degree or title)		22b. ADDRESS <b>1117 N. Grand St. L6</b>	22c. DATE SIGNED <b>April 8/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-13-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Alphonsus</b>	23d. LOCATION (City, town, or county) (State) <b>Silex (Millwood), Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>J.O. Mudd Silex, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>APR 8 '59</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>

*mjs*

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 James O. Mudd

Licensed Embalmer No. 4152

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.