

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022454

STATE FILE NUMBER

JUL 10 1959 Registration District No. 290 Primary Registration District No. Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <b>Pulaski Co</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waynesville, Mo.</b>		c. CITY OR TOWN <b>Richland, Mo.</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Way Gen. Hosp.</b>		Length of stay in lb <b>5 wks.</b>	
3. NAME OF DECEASED (Type or print) First <b>Ella</b> Middle <b>Melissa.</b> Last <b>Carr.</b>		4. DATE OF DEATH Month <b>June</b> Day <b>22,</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 9, 1876</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife.</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) <b>82</b>
11. BIRTHPLACE (City and state or country) <b>Richland, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Daniel. Manes.</b>		13b. MOTHER'S MAIDEN NAME <b>Arthusia Ballard.</b>	
14. NAME OF HUSBAND OR WIFE <b>Edward. Carr.</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None.</b>		17. INFORMANT <b>Mrs. Virginia Duckworth</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>Cerebral Hemorrhage</b> DUE TO (b) <b>Arterio Sclerosis.</b> DUE TO (c) <b>Compound Comminuted Fracture</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If any, state them in full) <b>Fracture of Left Femur</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 Hours</b> <b>37 Days</b>	
20a. ACCIDENT <input checked="" 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>Struck by a car while crossing the street.</b>	
20c. TIME OF INJURY Hour <b>5:15</b> Month, Day, Year <b>5-17-59</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	
20e. CITY, TOWN, OR LOCATION <b>Richland, Missouri</b>		20f. COUNTY <b>095</b> STATE	
21. I attended the deceased from <b>5-17-59</b> to <b>6-22-59</b> and last saw her alive on <b>6-22-59</b> Death occurred at <b>4:00</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>R.D. Allworth</b> (Degree or title) <b>D.O.</b> 2	
22b. ADDRESS <b>Waynesville, Missouri</b>		22c. DATE SIGNED <b>6-26-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/25/59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Bethlehem. Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Swedeborg, Mo</b>	
24. FUNERAL DIRECTOR <b>Hedges Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>6-29-59</b>	
26. REGISTRAR'S SIGNATURE <b>Emilia Ann Anderson</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waymerville

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.