

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 9 1959

59-028061

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5041 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Barry b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flatcreek Twp. Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Barry c. CITY OR TOWN Cassville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First Middle Last LESLIE ALLEN CARR			4. DATE OF DEATH Month Day Year August 18, 1959			
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1944	9. AGE (last birthday) 15	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Cassville, Missouri		
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Byron Carr		13b. MOTHER'S MAIDEN NAME Lola Smith		
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		
17. INFORMANT Mrs. Lola Isley-Cassville, Missouri		17. INFORMANT 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) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Congenital Primary Pulmonary Hypertension DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 months 15 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			

20d. INJURY OCCURRED WHILE AT WORK <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 <u>7-1-59</u> to <u>8-18-59</u> and last saw ^{her} him alive on <u>8-13-59</u> Death occurred at <u>1:20 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) James K. Mann, M.D.	22b. ADDRESS University Hospital Columbia, Missouri	22c. DATE SIGNED 8-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-20-1959	23c. NAME OF CEMETERY OR CREMATORY Mineral Springs Cem.
23d. LOCATION (City, town, or county) (State) Barry County, Missouri		24. FUNERAL DIRECTOR ADDRESS Culver's Cassville, Missouri
25. DATE RECD. BY LOCAL REG. 8-21-1959		26. REGISTRAR'S SIGNATURE Grace Williams

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 9 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Margaret C. Henbe

Licensed Embalmer No. 4389

P. O. Address Crossville

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.