URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1959

59–039417
STATE FILE NUMBER

ENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 327

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Holt Summit, Mo.
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) —
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ARCHIE Middle RAY Last CAREY
4. DATE OF DEATH Month NOV. Day 22, Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/26/13
9. AGE (last birthday) 46
IF UNDER 1 YEAR Months 6 Days 26
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Ulman, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Walter Carey
13b. MOTHER'S MAIDEN NAME Lectie Fike
14. NAME OF HUSBAND OR WIFE Dorothy Hamaker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 2
16. SOCIAL SECURITY NO. 490-09-6093
17. INFORMANT Mrs. Dorothy Carey Address Holt Summit

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH 24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Indefinite
DUE TO (c) — First manifested by above
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 about 30 min and last saw her/him alive on date of death
Death occurred at 4:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John J. Lauthers (Degree or title) MD
22b. ADDRESS 302 Bolivar
22c. DATE SIGNED 11/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/25/59
23c. NAME OF CEMETERY OR CREMATORY National
23d. LOCATION (City, town, or county) Jefferson City, Mo. (State)

24. FUNERAL DIRECTOR Sylvester Lulle ADDRESS J C MO
25. DATE RECD. BY LOCAL REG. 24 Nov. 1959
26. REGISTRAR'S SIGNATURE R. Harris MD – M. Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

DEC 4 1959

DEC 3 1959

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_____ Signed Sylvester Dulle

Signature of Student Embalmer

Licensed Embalmer No. 4321

P. O. Address Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.