

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019121

FILED VS MAY 23 1960 32

Registration District No. _____ Primary Registration District No. **3021** Registrar's No. **84**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SUTTON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON		Length of stay in 1b 5 YRS		c. CITY OR TOWN MILAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR WHITFIELD'S NURSING INSTITUTION HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) NANCY EMALINE CARMER				4. DATE OF DEATH Month 5 Day 12 Year 60				
5. SEX FE		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-14-1873		
				9. AGE (last birthday) 87		IF UNDER 1 YEAR Months _____ Days _____		
						IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) UNIONVILLE MO		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME WILLIAM H. McNEECE			13b. MOTHER'S MAIDEN NAME SUSAN GRANDSTAFF			14. NAME OF HUSBAND OR WIFE GEO. WESTLEY CARMER		
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. NONE		17. INFORMANT MRS SYLVIA BUELL MILAN MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Route Colon Pericardium							INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) AGE								
DUE TO (c)								
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"/> N. <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 checked="" 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 May 1 60 to May 12 1960 and last saw her May 10 60 alive on May 10 60				Death occurred at 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE [Signature] (Degree or title)				22b. ADDRESS [Address]		22c. DATE SIGNED 5/13/60		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
BURIAL		5-14-60		ELMWOOD		MILAN MO		
24. FUNERAL DIRECTOR [Signature] ADDRESS Milan			25. DATE RECD. BY LOCAL REG. 5-14-60		26. REGISTRAR'S SIGNATURE [Signature]			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *James W. Hagg*

Licensed Embalmer No. 3792

P. O. Address *W. C. ...*

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.