URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 0 1960

-60-031134

STATE FILE NUMBER

AMENDED

Registration District No. 167 Primary Registration District No. ~~425~~ 5608 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Madison Twp. — Length of stay in 1b: 83 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3 Mi N.E. of Holden — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Johnson
c. CITY OR TOWN: 3 Mi. N.E. of Holden — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D. Holden, Mo. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Charles Middle: Sidney Last: Carney
4. DATE OF DEATH: Month Day Year: August 21, 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-29-1877
9. AGE (last birthday): 83 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (City and state or country): Holden, Mo.
12. CITIZEN OF WHAT COUNTRY: USA.
13a. FATHER'S NAME: Washington Carney
13b. MOTHER'S MAIDEN NAME: Elizabeth Fryear
14. NAME OF HUSBAND OR WIFE: deceased Myrtle King Carney.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Russell Carney, Holden, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Circulatory failure	minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary thrombosis with myocardial infarction	hours.
DUE TO (c)	Arteriosclerosis	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. ☐ 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 Jan. 28, 1957, to May 16, 1960 and last saw her/him alive on May 16, 1960
Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thos P. Wescott D.O.
22b. ADDRESS: Holden, Missouri
22c. DATE SIGNED: Aug. 22, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8-23-1960
23c. NAME OF CEMETERY OR CREMATORY: Holden Cemetery
23d. LOCATION (City, town, or county) (State): Holden, Mo.

24. FUNERAL DIRECTOR: E B CAST HOLDEN MO — ADDRESS: E B Cast
25. DATE RECD. BY LOCAL REG.: Aug 22, 1960
26. REGISTRAR'S SIGNATURE: Mrs G V Redford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 6 1980

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No. 4059

P. O. Address Holden,

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