

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-013522

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 120

STATE FILE NUMBER

FILED MAY 15 1961

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Creighton	
Length of stay in lb 2 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hospital		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) First NINA Middle CARRINGTON Last QUILLIN		4. DATE OF DEATH Month May Day 10 Year 1961	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-7-1900
9. AGE (last birthday) 60		IF UNDER 1 YEAR Months 7 Days 3	
IF UNDER 24 HR Hours 7 Min. 3		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tel. Central operator	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Blairstown, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Robert W. Carrington	
13b. MOTHER'S MAIDEN NAME Verna Swaggart		14. NAME OF HUSBAND OR WIFE Deceased	
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. 500-28-2156	
17. INFORMANT Anna S. Stewart, Urich, Mo.		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) Post-operative intestinal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 36 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Duodenal ulcer		unknown	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		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 2:55 a.m. 1947 Month, Day, Year 5/10/61	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 Clinton, Mo.	
20g. COUNTY Clinton		20h. STATE Mo.	
21. I attended the deceased from 1947 to 5/10/61 and last saw her alive on 5/10/61		Death occurred at 2:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE S. B. Hughes, M.D.		22b. ADDRESS Clinton, Mo.	
22c. DATE SIGNED 5/10/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 12, 1961	23c. NAME OF CEMETERY OR CREMATORY Carpenter Cemetery	23d. LOCATION (City, town, or county) Chilhowee, Mo. Rural
24. FUNERAL DIRECTOR A. D. Hartzler, East Lynne, Mo.		25. DATE RECD. BY LOCAL REG. May 10, 1961	
26. REGISTRAR'S SIGNATURE Mildred Bigum			

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1961

JUN 1 1961

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 W. A. Vaisant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo

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.