

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-024405

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 124

AMENDED

FILED JUL 25 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Drexel Coldwater Sup. Length of stay in 1b 84 Yrs.		c. CITY OR TOWN Drexel Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At his home 4 E. Drexel Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Miles E. Drexel, Mo. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle Lewin Last Carr			4. DATE OF DEATH Month July Day 19 Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 1 1869
9. AGE (last birthday) 92 Yrs.		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) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Paradise, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME James Carr	
13b. MOTHER'S MAIDEN NAME Julia Detire		14. NAME OF HUSBAND OR WIFE Rose Carr	
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. _____	
17. INFORMANT Address Mrs. Rose Carr Drexel, Missouri.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM INTERVAL BETWEEN ONSET AND DEATH ACUTE DUE TO (b) Gangrene of EXTREMITIES 2-3 yrs DUE TO (c) cardiovascular collapse 6-8 yrs 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 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>6/15/1959</u> to <u>7/19/61</u> and last saw her/him alive on <u>7/19/61</u> Death occurred at <u>500 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ed Marsh D.O.		22b. ADDRESS DREXEL, MO	22c. DATE SIGNED 7/20/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 21 1961	23c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery	23d. LOCATION (City, town, or county) (State) Drexel Missouri
24. FUNERAL DIRECTOR ADDRESS Atkinson Dickey Arche, MO		25. DATE RECD. BY LOCAL REG. July 20-1961	
26. REGISTRAR'S SIGNATURE Mrs Gray Seber			

JUL 28 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

Billy J. Hickey

Licensed Embalmer No. *4685*

P. O. Address *Madison City, TN*

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.