

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028037

STATE FILE NUMBER

AMENDED

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 42

FILED JUL 25 1961

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		a. STATE <u>Missouri</u>		b. COUNTY <u>SHEBby</u>	
a. COUNTY <u>SHEBby</u>		c. CITY OR TOWN <u>SHEBbyville, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SHEBbyville, Mo</u>		Length of stay in 1b <u>82 YEARS</u>		d. STREET ADDRESS (If outside, give location)	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PLEASANT HILL REST HOME</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>LORENA CARNEY</u>			4. DATE OF DEATH Month Day Year <u>July 12 1961</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-14-1873</u>	9. AGE (last birthday) <u>88</u>	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) <u>NEWS PAPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHEBby County</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John A. CARNEY</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN MITHER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			17. INFORMANT Address <u>MRS BUEGG BEFEURE, SHEBbyville</u>		
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: <u>1 year + ?</u>
IMMEDIATE CAUSE (a) <u>Carcinoma of Liver</u>					
DUE TO (b) <u>malignancy of Colon (Sigmoid)</u>					
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"/> 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 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>Nov 17 1960</u> to <u>July 12 1961</u> and last saw her alive on <u>June 20 1961</u> . Death occurred at <u>8:10</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>P.C. Arehndt</u> (Degree or title)			22b. ADDRESS <u>Shelbyville Mo</u>		22c. DATE SIGNED <u>7-13-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>July 14, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>		23d. LOCATION (City, town, or county) <u>SHEBbyville, Mo.</u> (State)	
24. FUNERAL DIRECTOR <u>GREENING, SHEBbyville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 21-61</u>		26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 6 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 Charles W. Greening

Licensed Embalmer No. 4625

P. O. Address C. Lawrence

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.