

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032301

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 128

AMENDED **FILED SEP 18 1961**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cooper	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Length of stay in 1b 4 wks	c. CITY OR TOWN Speed Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Boonville, RFD #3 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last TABITHA ANN CAREY			4. DATE OF DEATH Month Day Year Sept. 13, 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 1/26/84
9. AGE (last birthday) 77		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 home	11. BIRTHPLACE (City and state or country) Cooper County, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME George W. Burrell	
13b. MOTHER'S MAIDEN NAME Sarah Dodson		14. NAME OF HUSBAND OR WIFE Charles S. Carey	
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. unknown	17. INFORMANT Address Leslie R. Carey Boonville, 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) CEREBRO-VASCULAR ACCIDENT IN FORM OF THROMBOSES GENERALIZED AND CEREBRAL ARTERIOSCLEROSIS WITH ARTERIOSCLEROTIC HEART DISEASE WITH CARDIAC ENLARGMENT AURICULAR FIBRILLATION AND CONGESTIVE FAILURE DUE TO (b) DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 10 DAYS SINCE 1959			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 checked="" 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 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 2/18/59 to 9/13/61 and last saw her/him alive on 9/13/61 . Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Willie G. Abel MD		22b. ADDRESS 329 MAIN, BOONVILLE, MISSOURI	22c. DATE SIGNED 9/14/61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Sept. 16/61	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cem.	23d. LOCATION (City, town, or county) (State) Boonville, Missouri
24. FUNERAL DIRECTOR ADDRESS B. W. Thacher Boonville, Mo.		25. DATE RECD. BY LOCAL REG. 9/15/61	26. REGISTRAR'S SIGNATURE [Signature]

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

NOV 2 1967

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 Berry W. Shacker

Licensed Embalmer No. 3944

P. O. Address Boonville, 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.