

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007516

STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 34

FILED MAR 14 1962

1. PLACE OF DEATH

a. COUNTY

PULASKI

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Richland

Length of stay in 1b

2 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Residence

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

PULASKI

c. CITY
OR TOWN

Richland

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

Pine Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

William

Presley

CARR

4. DATE
OF DEATH

Month

Day

Year

March 7 1962

5. SEX

MALE

6. COLOR OR RACE

White

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Aug 24 - 1897

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

Hours

Min.

84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Well Driller

10b. KIND OF BUSINESS OR INDUSTRY

Commercial

11. BIRTHPLACE (City and state or country)

Burlington Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William C. CARR

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

PEARL CARR

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

Phillipine

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Address

William CARR Richland, 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)

Heart Failure

DUE TO (b)

all 1800

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 hours

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☐ Unknown19. 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 21 Feb 62 to 7 March 62 and last saw him alive on 5 March 62Death occurred at 6 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Doran M. Ward

(Degree or title)

MD

22b. ADDRESS

Richland, MO

22c. DATE SIGNED

3/8/1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-9-1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Springfield Missouri

24. FUNERAL DIRECTOR

Mass. Williams Richland, MO

ADDRESS

25. DATE RECD. BY LOCAL REG.

3/9/62

26. REGISTRAR'S SIGNATURE

Curtis Paul Anderson

(Licensed Embalmer's Statement on Reverse Side)

MAR 14 1962

MAR 20 1962

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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.