

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23203  
State File No. ....

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>505 So Main St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>505 South Main St</u>		d. STREET ADDRESS (If rural, give location) <u>505 So Main St</u>	
3. NAME OF DECEASED a. (First) <u>Jefferson</u> b. (Middle) <u>Davis</u> c. (Last) <u>Carney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-9-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>6-9-1861</u>
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Abstractor</u>	11. BIRTHPLACE (State or foreign country) <u>Scott Co Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Abstractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Abstract &amp; Title</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Washington Carney</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fryer</u>	14. NAME OF HUSBAND OR WIFE <u>Delina Carney</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Carney</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3348</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7/5</u> , 1949, to <u>7/9</u> , 1949, that I last saw the deceased alive on <u>7/9</u> , 1949, and that death occurred at <u>5:0</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ed. C. Peelor M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>7/11/49</u>		24. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-12-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Candlerwood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Florence Adair</u>		ADDRESS <u>Clinton Mo</u>	

RECEIVED  
District Health Officer No. 7  
District File Number 64985  
Date Filed 7-18-42

1942  
AUG 2 2 00A

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 \_\_\_\_\_

*R. L. Dunning*

Student Embalmer No. 3682

working under my personal supervision.

Student *R. L. Dunning*  
Student Embalmer

Signed

*J. H. Housey*

Licensed Embalmer No. 3682

P. O. Address Calhoun 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 this body is not embalmed, fact should be so stated above.

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