

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34791

State File No. \_\_\_\_\_

FILED OCT 24 1949

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 301   |  | PRIMARY REG. DIST. NO. 6032   |  | Registrar's No. 61   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>RIPLY</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Rural - Doniphan</u>   |  | c. LENGTH OF STAY (in this place)<br><u>6 weeks</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>CAMPBELL</u>   |  | 35   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><u>1/4 mile North of Doniphan</u>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>0</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <u>Phillip</u>  |  | b. (Middle) <u>Richard</u>  |  | c. (Last) <u>CARNER</u>  |  |
| 4. DATE OF DEATH  |  | (Month) <u>8</u>   |  | (Day) <u>30</u>   |  | (Year) <u>1949</u>   |  |
| 5. SEX<br><u>MALE</u>   |  | 6. COLOR OR RACE<br><u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>  |  | 8. DATE OF BIRTH<br><u>5-3-1867</u>                                  |  |
| 9. AGE (In years last birthday)<br><u>82</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>FARMER - Retired</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>FARMING - Retired</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Kentucky</u>         |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  | 13a. FATHER'S NAME<br><u>William CARNER</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>JANE LANE</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>CYNTHIA CARNER</u>                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>TROY CARNER - Doniphan Mo.</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>490x |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>8/28/49</u>                   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |  |  |
| 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) m.  |  | 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>8/1</u> , 19 <u>49</u> , to <u>8/30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8/30</u> , 19 <u>49</u> and that death occurred at <u>11:05 PM.</u> from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE<br><u>Chapman Johnston</u>   |  |  |  | 23b. ADDRESS<br><u>Doniphan Mo.</u>   |  | 23c. DATE SIGNED<br><u>9-1-49</u>                                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |  | 24b. DATE<br><u>9-1-1949</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Doniphan Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Doniphan Mo.</u> |  |
| DATE REC'D BY LOCAL REG.<br><u>9-20-49</u>  |  | REGISTRAR'S SIGNATURE<br><u>E. W. Edwards</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>L. W. Edwards - Doniphan, Mo.</u>  |  |  |  |

(Licensed Embellisher's Statement on Reverse Side)

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

RECEIVED 10/15/49  
District Health Officer No. 5,  
District File Number...104965.2  
Date Filed 10/20/49

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.

Signed Carl B Bird

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.