

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 25 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 5 hrs.	c. CITY OR TOWN Clinton
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wetzel Hospital		f. STREET ADDRESS (If rural, give location) 412 E. Main St.	

3. NAME OF DECEASED a. (First) Clarissa b. (Middle) Florence c. (Last) Carnes		4. DATE OF DEATH (Month) (Day) (Year) July 13, 1955	
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 6, 1871
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Bates County, Missouri
			12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert Y. Bellamy	13b. MOTHER'S MAIDEN NAME Mary Hale	14. NAME OF HUSBAND OR WIFE Daniel M. Carnes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME George Lee Carnes, Clinton, Mo.	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia caused by acute infection		
	ANTECEDENT CAUSES DUE TO (b) Acute cholecystitis DUE TO (c) Cholelithiasis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		584X	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	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 June 21, 1955 to July 13, 1955, that I last saw the deceased alive on July 13, 1955, and that death occurred at 2:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) Wm. C. Sunderwith D.O.	23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED 7-14-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/15/55	24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	24d. LOCATION (City, town, or county) (State) Clinton, Missouri
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DATE REC'D BY LOCAL REG. 7-15-55	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE J. E. Conner	ADDRESS Clinton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Eugene R. Conson*.....

Licensed Embalmer No. *46*.....

P. O. Address *Clinton*.....

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.