

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32965

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 32

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. CITY OR TOWN Clinton	
c. LENGTH OF STAY (in this place) 6 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hosp		e. STREET ADDRESS (If rural, give location) 412 E. Mill Street	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Lee c. (Last) Carnes		4. DATE OF DEATH (Month) (Day) (Year) October 10, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH May 5, 1905
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commercial Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (City and State or Foreign Country) Holden, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Daniel Carnes	
13b. MOTHER'S MAIDEN NAME Clarissa F. Becklomy		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 487-10-3801	
17. INFORMANT'S SIGNATURE OR NAME Mary Carnes Wardrapp		ADDRESS Dallas Tex.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a). Renal amyloidosis ANTECEDENT CAUSES Chronic bilateral pulmonary tuberculosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 002X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		INTERVAL BETWEEN ONSET AND DEATH 3 months 10 years	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) None 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 1945 , to Oct 10, 1955 , that I last saw the deceased alive on Oct 10, 1955 , and that death occurred at 3 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) S. B. Meyers M.D.		23b. ADDRESS Clinton, Mo.	
23c. DATE SIGNED 10/11/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 12, 55	
24c. NAME OF CEMETERY OR CREMATORY Englewood		24d. LOCATION (City, town, or county) (State) Clinton, Missouri	
DATE REC'D BY LOCAL REG. Oct 12 1955		REGISTRAR'S SIGNATURE J. Lawrence Adair	
FUNERAL DIRECTOR'S SIGNATURE E. Conner		ADDRESS Clinton, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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. Cavalieri*.....

Licensed Embalmer No...46

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.