

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005314

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 38

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Henry Co. Windsor mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Calhoun</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor, Windsor</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Calhoun, Henry Co.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hosp. 5 hrs</u> Length of stay in 1b _____		d. STREET ADDRESS (If outside, give location) <u>Calhoun mo</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Emma Carney</u>			4. DATE OF DEATH Month Day Year <u>1/29/59</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 15 1874</u>
9. AGE (In years) <u>84</u> MONTHS _____ DAYS _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	11. BIRTHPLACE (City and state or country) <u>Wick, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Joshua Carney</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Name <u>J. Carney</u> Address <u>Calhoun mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } <u>Arteriosclerotic and Hypertensive Ht. Dis.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>H 200</u>			INTERVAL BETWEEN ONSET AND DEATH <u>16 hrs</u> <u>3-4 yrs.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 _____ to _____ Death occurred at <u>1/29/59 10:45 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.		and last saw her/him alive on <u>1-29-59</u>	
22a. SIGNATURE (Deed or title) <u>Caedon Hubertus</u>		22b. ADDRESS <u>Windsor, mo.</u>	22c. DATE SIGNED <u>2-12-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Jan 31-59</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>White Oak Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>near Wick mo</u>
24. FUNERAL DIRECTOR <u>Brown & Graham</u>		25. DATE RECD. BY LOCAL REG. <u>2-14-59</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

pector, coronary, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *R. R. Kenney*

Licensed Embalmer No. *3099*

P. O. Address *Clinton, 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.