

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5477

BIRTH NO. 1426 REG. DIST. NO. 192 PRIMARY REG. DIST. NO. 4716 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>McDONALD</u>		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>McDONALD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL ELKRIVER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MT SHIRA</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MT. SHIRA</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u> b. (Middle) <u>L.</u> c. (Last) <u>CARVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 28, 1949</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUGUST 29, 1908</u>	9. AGE (In years last birthday) <u>42</u>	10. IF UNDER 28 HRS. Hours <u>4</u> Min. <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>	11. BIRTHPLACE (State or foreign country) <u>CLAY COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JOHN L. SIMMS</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA E. GRIFFIN</u>		14. NAME OF HUSBAND OR WIFE <u>T. L. CARVER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>T. L. CARVER MT. SHIRA</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>150°</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Hypertension</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>NO INJURY</u> 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 2/23/48, 1948, to 1/28/49, 1949, that I last saw the deceased alive on 1/28/49, 1949, and that death occurred at 3:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. Bush D.O.</u>	23b. ADDRESS <u>Anderson Missouri</u>	23c. DATE SIGNED <u>1-31-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. <u>2-1-49</u>	REGISTRAR'S SIGNATURE <u>Virginia Buck</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L.P. Lewis 7. Webb City Mo</u>
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(Licensed Embalmers' Statements on Reverse Side)

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

No. 300
10.48

600

RECEIVED

District Health Officer No. 6,

District File Number 349-228

Date Filed 3-3-49

DEC 14 1955

1949

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 Leonard J. Lewis Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4561

P. O. Address Wabbe City 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.