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FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15207**

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Eldorado Springs</u>	c. LENGTH OF STAY (in this place) <u>6 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Eldorado Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chambers Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>505 Kirkpatrick</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Melissa</u> b. (Middle) <u>E.</u> c. (Last) <u>Carrier</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1949</u>
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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>Feb 2, 1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months - Days	IF UNDER 10 HRS. Hours - Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Denis Gregory</u>	13b. MOTHER'S MAIDEN NAME <u>Jerieve Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>Jesse Carrier</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Carrier, Eldorado Spgs. Mo.</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Intestinal Obstruction, acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) <u>ADDITIONAL</u> (STATE)
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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?
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22. I hereby certify that I attended the deceased from 8 June, 1949, to 10 June, 1949, that I last saw the deceased alive on 10 June, 1949, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Hill</u> (Degree or title)	23b. ADDRESS <u>Mrs. Eldorado Springs, Mo.</u>	23c. DATE SIGNED <u>10 June '49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery Nevada, Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>JUNE 19, 1949</u>	REGISTRAR'S SIGNATURE <u>Henry W. Hill</u>	FUNERAL DIRECTOR'S SIGNATURE <u>William Carter</u>	ADDRESS <u>Eldorado Spgs, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 5-49

Date Filed 6-13-38

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
Student Embalmer

Signed James E. Kackler

Licensed Embalmer No. 4573

P. O. Address E. Duane Spring

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.