S. No. 300
v. 10.48

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3874

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 5116 Registrar's No. 14

0100

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" - BOURBON
c. LENGTH OF STAY (in this place): ALL OF LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME - STURGEON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BOONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - 10 MI - W. STURGEON 0108
d. STREET ADDRESS (If rural, give location): STURGEON, MO.

3. NAME OF DECEASED (Type or Print): a. (First) EFFIE b. (Middle) LEE c. (Last) CARR

4. DATE OF DEATH (Month) (Day) (Year): FEB - 17 - 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MAR. 5-1879
9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR: Months 11, Days 12 | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME
10b. KIND OF BUSINESS OR INDUSTRY: Hwf
11. BIRTHPLACE (State or foreign country): BOONE CO. MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: RICHARD CARR
13b. MOTHER'S MAIDEN NAME: MARY FRANCIS TURNER
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: W. T. Carr - Harrisburg - Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Less than 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Complication following pneumonia
DUE TO (c) Pulmonary — 2 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/6/50, 19__, *to* 2/16/50, 19__, *that I last saw the deceased alive on* 2/15/50, 19__, *and that death occurred at* 4:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Harrell Jr. D.O. (Degree or title)
23b. ADDRESS: Sturgeon Mo
23c. DATE SIGNED: 17 Feb 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 18-1950
24c. NAME OF CEMETERY OR CREMATORY: PERCHE CEM
24d. LOCATION (City, town, or county) (State): 30. W. STURGEON - Boone Co. Mo.

DATE REC'D BY LOCAL REG.: Feb. 20-1950
REGISTRAR'S SIGNATURE: Maud McBride 30 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Barne & Boothe, Sturgeon - Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 28 1950
District Health Officer No. 9
District File No. .....

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 A E Boothe

Licensed Embalmer No. 4087

P. O. Address Stuyvesant - 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.