

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7418**

BIRTH NO. **95587-50** REG. DIST. NO. **365** PRIMARY REG. DIST. NO. **6241** Registrar's No. **5**

1109

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

1. PLACE OF DEATH a. COUNTY <b>Washington</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Harmony</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Harmony</b>		1100
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Near Palmer mo</b>			d. STREET ADDRESS (If rural, give location) <b>Near Palmer</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruby</b> b. (Middle) <b>Alice</b> c. (Last) <b>Carey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 8 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 26 1949</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min. <b>2 12</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Washington Co. mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Edwin Carey</b>		13b. MOTHER'S MAIDEN NAME <b>Ana Bohannon</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edwin Carey Petard mo</b>			
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) <b>Sepsis (Cerebral)</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Abused</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Malnutrition</b>				INTERVAL BETWEEN ONSET AND DEATH   <b>0534</b>
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)	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 <b>Mar 6</b> , 1950, to <b>Mar 7</b> , 1950, that I last saw the deceased alive on <b>Mar 7</b> , 1950, and that death occurred at <b>6:30 A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>L. P. [Signature]</b>			23b. ADDRESS <b>Blair, Mo</b>		23c. DATE SIGNED <b>3-19-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-9-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>High Point</b>		24d. LOCATION (City, town, or county) (State) <b>Washington Co. mo</b>	
DATE REC'D BY LOCAL REG. <b>3-11 50</b>	REGISTRAR'S SIGNATURE <b>Ellen J. White</b>		336	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mr. Luther Sparks Petard mo</b>	

RECEIVED

MAR 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-361

*Not Embalmed*

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.