

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10066**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Elvins, Mo.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Elvins 0441</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>414 Hampton Ave. 0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Raymond</u>	b. (Middle) <u>Cary</u>	c. (Last) <u>Carr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 1 1950.</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 21, 1903</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 1 YEAR Days <u>10</u>	IF UNDER 1 YEAR Hours <u></u>	IF UNDER 1 YEAR Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>acc'r for St. Joseph's</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co</u>	11. BIRTHPLACE (State or foreign country) <u>Elvins, Mo. D</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Mr. Bert Carr.</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Link</u>	14. NAME OF HUSBAND OR WIFE <u>Allean Josephine Ross Carr.</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. (If yes, give war or dates of service) <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Allean Josephine Ross Carr</u>	ADDRESS <u>414 Hampton Ave. Elvins, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>one hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

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) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 April 1, 1950, to April 1, 1950, that I last saw the deceased alive on April 1, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Robbins, D.D.</u>	(Degree or title)	23b. ADDRESS <u>Flint River Mo.</u>	23c. DATE SIGNED <u>April 5/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 4-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois M. Park - Boutein</u>	24d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 7, 1950</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	ADDRESS <u>303 Crane St. St. Joe, Mo.</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 11 1950

DEPARTMENT HEALTH OFFICE No. 4

FILE No. 450-539

JUN 13 1962

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 Alice W. Hood

Licensed Embalmer No. 2780

P. O. Address Flak River, 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.