

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr / Hanss 12567
State File No. 349

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>349</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Greene</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		d. STREET ADDRESS (If rural, give location) <u>2002 Cairo</u>	
a. (First) <u>Nora</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Carroll</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 19 1866</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 2 Wks. Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Lumpkin Co. Georgia</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Harris</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Orpha Wallace Spfld, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis.</u>		DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>sev. weeks</u>	
II. 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 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) (Min.) _____	
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 <u>Sept. 1946</u> to <u>April 1950</u> , that I last saw the deceased alive on <u>April 12, 1950</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>4-14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/16/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Near Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-14-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. Lohmeyer Springfield, Mo.</u>			

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

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 _____

Walter E. Hamels

Signed _____

Student Embalmer

Licensed Embalmer No. *3808*

P. O. Address _____

Springfield, 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.