

No. 300
10-48

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41247**

492

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. J

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City Mo.	
c. LENGTH OF STAY (In this place) 30yrs		d. STREET ADDRESS (If rural, give location) 833 W. 3rd	
d. FULL NAME OF HOSPITAL OR INSTITUTION 833 W. 3rd			

3. NAME OF DECEASED (Type or Print)	a. (First) Lawrence	b. (Middle) Edward	c. (Last) Carnes	4. DATE OF DEATH (Month) (Day) (Year) Dec 31 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 5 1892	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR (Month) (Day) 10 26	IF UNDER 2 WKS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist inspector	10b. KIND OF BUSINESS OR INDUSTRY Machinery	11. BIRTHPLACE (State or foreign country) Neosho, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm. Carnes	13b. MOTHER'S MAIDEN NAME Belle Powers	14. NAME OF HUSBAND OR WIFE Rhoda Carnes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rhoda Carnes	ADDRESS Webb City, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Respiratory infection		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7831

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 deed not in pm, 1950, that I last saw the deceased alive on dec 30, 1950, and that death occurred over from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Webb City, Mo	23c. DATE SIGNED 1/2/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 4, 1951	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Neosho, Missouri
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DATE REC'D BY LOCAL REG. Jan 3-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Johnston Arne Simpson	ADDRESS Webb City, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

At request of Coroner W.W. Hurst I examined the body and questioned the relatives. Patient had had no medical care past year. Dr. Ferguson M.D.

RECEIVED 1-10-51
Jasper County Health Office
County File Number 50-12-993
Date Filed 1-10-51

JAN 11 1951

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.