

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3611

BIRTH NO. _____ REG. DIST. NO. 36 ✓ PRIMARY REG. DIST. NO. 6233 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Campbranch)		c. LENGTH OF STAY (In this place) life	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Campbranch)		109.0 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION north of Warrenton		d. STREET ADDRESS (If rural, give location) north of Warrenton	

3. NAME OF DECEASED (Type or Print)	a. (First) Marion	b. (Middle) Francis	c. (Last) Carrico	4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 13, 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Warren County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Walter Carrico	13b. MOTHER'S MAIDEN NAME Ellen Stone	14. NAME OF HUSBAND OR WIFE Elvira DeGarmo Carrico
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Marion Carrico, Warrenton, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4:01
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	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.			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Jan 1, 1951, to Jan 15, 1951, that I last saw the deceased alive on Jan. 11, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE Dr. H. J. Anderson	(Degree or title)	23b. ADDRESS 25 Forestburg Mo.	23c. DATE SIGNED Jan. 15, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-16-51	24c. NAME OF CEMETERY OR CREMATORY Central Grove	24d. LOCATION (City, town, or county) (State) Warren County, Mo.
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DATE REC'D BY LOCAL REG. 1-19-51	REGISTRAR'S SIGNATURE 421 Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILE NO. _____
DISTRICT HEAD OFFICE NO. 4

JAN 24 1951

RECEIVED

MAY 18 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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed John Thieburg
Licensed Embalmer No. 3897

P. O. Address Warrenton, Me

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.