

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12891
Registrar's No. 129

0485
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | |
|---|--|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>146</u> | | PRIMARY REG. DIST. NO. <u>3026</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u> | | c. LENGTH OF STAY (in this place) <u>18 yr</u> | c. CITY (If outside corporate limits, write RURAL and give township). <u>Independence</u> | | 0485 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1424 So. Dodgion</u> | | | d. STREET ADDRESS (If rural, give location) <u>1424 So Dodgion</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie</u> | | b. (Middle) <u>X</u> | c. (Last) <u>Carruthers</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mcw 31 1951</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Mcw 28 1866</u> | 9. AGE (In years last birthday) <u>85 yrs</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u> | | 11. BIRTHPLACE (State or (origin) country) <u>Morse Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>August Garber</u> | | 13b. MOTHER'S MAIDEN NAME <u>Augusta (No Data)</u> | | 14. NAME OF HUSBAND OR WIFE <u>George Carruthers</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>X</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Robt Hunter - Independence 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, assthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u> <u>yes</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>332x</u> | | | | 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) (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>3/22</u> , 19 <u>49</u> , to <u>3/31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/28</u> , 19 <u>51</u> , and that death occurred at <u>3:00</u> p.m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Vance E. Lind, M.D.</u> | | | 23b. ADDRESS <u>Independence, Mo.</u> | | 23c. DATE SIGNED <u>3/31/51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Mcw 31-1951</u> | 24c. NAME OF CEMETERY OR CREMATOR <u>Ota the Kansas</u> | 24d. LOCATION (City, town, or county) (State) <u>Ota the Kansas</u> | | |
| DATE REC'D BY LOCAL REG. <u>Mar 31-1951</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Julian Ota the Kansas</u> | | |

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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

Chester L. Fleming

Licensed Embalmer No. *4569*

P. O. Address *Clatke, Iowa*

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.