

FILED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30917

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 316

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

1. PLACE OF DEATH a. COUNTY <u>Calloway.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Calloway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton, Missouri.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton, Missouri.</u> <u>0143</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Calloway Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>815 Court St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Henderson</u> c. (Last) <u>Carr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 16 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June, 26, 1890</u>
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Florida, Missouri.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>J.H. Carr</u>	
13b. MOTHER'S MAIDEN NAME <u>Cassie Ragland</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. Homer A. Carr.</u> ADDRESS <u>Perry, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia & toxemia due to metastatic carcinoma (from breast 3 yrs ago) with biliary obstruction within liver</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>biliary obstruction within liver</u> DUE TO (c) <u>Partial obstruction stomach & duodenum</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypotetic pneumonia</u>	
19a. DATE OF OPERATION <u>10 Sept 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma metastatic liver, small, lymphatic glands abdomen</u>	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>6 weeks</u> <u>4 days</u>	
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? <u>170X.</u>	
22. I hereby certify that I attended the deceased from <u>14 Aug 1952</u> to <u>16 Sept 1952</u> , that I last saw the deceased alive on <u>15 Sept 1952</u> , and that death occurred at <u>7:40 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. R. Goshard</u> (Degree or title)		23b. ADDRESS <u>Fulton, Missouri.</u>	23c. DATE SIGNED <u>16 Sept 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 18/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Florida Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Florida, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>Sept. 20 1952</u>	REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u> <u>426</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Malapine Funeral Home</u> ADDRESS <u>Fulton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1952

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

Dany G. Stewart

Licensed Embalmer No. 3727

P. O. Address Fulton Missouri

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.