

5. No. 300
v. 10-48

FILED OCT 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34751

State File No. _____

BIRTH NO. 34 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 142

2 Cert
10-29-52

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRENTON</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRENTON</u>		d. STREET ADDRESS (If rural, give location) <u>513 EAST 11th SX</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hosp</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u> b. (Middle) <u>M.</u> c. (Last) <u>CARNES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-22-52</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 6, 1890</u>	9. AGE (In years last birthday) <u>62</u> # UNDER 1 YEAR <u>5</u> # UNDER 1 MONTH <u>16</u> # UNDER 1 HOUR <u>-</u> # UNDER 1 MIN. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>IRENTON, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ALBERT GEORGE</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Wilmore</u>		14. NAME OF HUSBAND OR WIFE <u>AUSTIN CARNES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>E. A. Duffly</u> ADDRESS _____		
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>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u> 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 <u>331X</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>Oct 8, 1952</u> to <u>Oct 22, 1952</u> , that I last saw the deceased alive on <u>Oct 22, 1952</u> and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. A. Duffly M.D.</u> (Degree or title)			23b. ADDRESS <u>Irenton Mo</u>		23c. DATE SIGNED <u>Oct 23</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Irenton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/23/52</u>		REGISTRAR'S SIGNATURE <u>Gene Saw</u> ¹¹⁵		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DAVIS - BLACKMORE Irenton, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 29 1930

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.....

Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Denton, 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.