

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42677

State File No.

FILED DEC 22 1952

BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 169

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

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFALETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARRENSBURG</u>	c. LENGTH OF STAY (in this place) township) <u>18 MONTHS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HIGGINSVILLE</u> <u>0541</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROBBINS REST HOME</u>		d. STREET ADDRESS (If rural, give location) <u>2107 SHELBY ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLYN</u> b. (Middle) <u>HOLT</u> c. (Last) <u>FIELD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 8 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>SEPT. 12, 1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Days <u>2</u> IF UNDER 12 HRS. Min. <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	

13a. FATHER'S NAME <u>WILLIAM C. BEATTIE</u>	13b. MOTHER'S MAIDEN NAME <u>EVALINE CARTER</u>	14. NAME OF HUSBAND OR WIFE <u>FORREST L. FIELD</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>BEATRICE F. FOHRING</u> ADDRESS <u>KANSAS CITY</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis Heart Disease</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>H200</u>	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 2-16, 1952, to 12-8, 1952, that I last saw the deceased alive on 12-8, 1952, and that death occurred at 4P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. L. E. ...</u>	23b. ADDRESS <u>Warrensburg Mo</u>	23c. DATE SIGNED <u>12-9-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC 11, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Dec 10, 1952</u>	REGISTRAR'S SIGNATURE <u>Savannah ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blackton ...</u> ADDRESS <u>Higginsville Mo.</u>
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RECEIVED
DEC 16 1952
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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 Roy F. Wiegans

Licensed Embalmer No. 2883

P. O. Address Higginsville, 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.