

No. 300 FILED JAN 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42736

State File No.

Registrar's No. 32

550
1

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

BIRTH NO. _____		DIST. NO. 176		PRIMARY REG. DIST. NO. 5-65-C		State File No.		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Ash Grove Rt. 1</u>)		c. LENGTH OF STAY (In this place) <u>60 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ash Grove Rt. 1</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/4 Mi. N. Chesapeake 0550</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/4 Mi. N. Chesapeake</u>				3. NAME OF DECEASED a. (First) <u>Thomas</u> b. (Middle) <u>Jefferson</u> c. (Last) <u>Carr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 1, 1873</u>		9. AGE (In years last birthday) <u>79</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Maysville, Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>James T. Carr</u>			13b. MOTHER'S MAIDEN NAME <u>Margarete Meney</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Wall</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. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margie House</u> ADDRESS <u>Aurora, 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, 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> 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.							INTERVAL BETWEEN ONSET AND DEATH <u>11 wks.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
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)		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>12-26, 1952</u> , to <u>12-27, 1952</u> , that I last saw the deceased alive on <u>12-26, 1952</u> , and that death occurred at <u>7:17p m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. Mitchell Do-2</u>				23b. ADDRESS <u>Republic, Missouri</u>				23c. DATE SIGNED <u>12/29/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/30/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Republic, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>1-4-53</u>		REGISTRAR'S SIGNATURE <u>W. S. Berry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Fouett</u> ADDRESS <u>Republic, Missouri</u>					

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 John L. McTalb

Signed.....
Student Embalmer

Licensed Embalmer No. 4635

P. O. Address: Republic, 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.