

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4522  
Registrar's No. 2

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6157		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Pine)		c. LENGTH OF STAY (In this place) 21 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Pine) 1040		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION South West of Lampie MO				S. W. Lampie MO			
3. NAME OF DECEASED (Type or Print) a. (First) Kenneth b. (Middle) Eugene c. (Last) Carey			4. DATE OF DEATH (Month) 1 (Day) 21 (Year) 53				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 12-31-52		9. AGE (In years last birthday) 21 If UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Kenneth Carey		13b. MOTHER'S MAIDEN NAME Vina Ashbury		14. NAME OF HUSBAND OR WIFE Infant			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Carey (Father) Lampie MO.			
MEDICAL CERTIFICATION							
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 6 days.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7630					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 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 1-16, 1953, to 1-21, 1953, that I last saw the deceased alive on 1-19, 1953, and that death occurred at 2-00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE W.P. Cottrell M.D.				23b. ADDRESS Reeds Spring, Mo.		23c. DATE SIGNED 1-25-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-22-53		24c. NAME OF CEMETERY OR CREMATORY Blue Eye		24d. LOCATION (City, town, or county) (State) Blue Eye Missouri	
DATE REC'D BY LOCAL REG. Jan 22 53		REGISTRAR'S SIGNATURE Mrs. J. M. Brown		25. FUNERAL DIRECTOR'S SIGNATURE Nelson		ADDRESS Berryville Arkansas	

(Licensed Embalmer's Statement on Reverse Side)

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

040

**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~~ me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Cornell A. Hicks

Licensed Embalmer No. 4823

P. O. Address 269 Berryville

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.