

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7021

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 6888 Registrar's No. 2

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1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lutie</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lutie</u>	<u>1970</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Big Creek Sub</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Alice</u>	c. (Last) <u>Carrier</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 21 1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-30-1891</u>	9. AGE (In years last birthday) <u>61</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	11. BIRTHPLACE (State or foreign country) <u>Baxter County, Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>David Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann</u>	14. NAME OF HUSBAND OR WIFE <u>John T. Carrier</u>
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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John T. Carrier</u> ADDRESS <u>Lutie</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphadenitis (Blood poisoning)</u>		<u>3 wk</u>
	ANTECEDENT CAUSES Open sores on legs Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Filth and neglect on part of patient and un-bright attendants</u> DUE TO (c) <u>Under pat mentality</u>		<u>6 mo</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 1/6/53 to 1/14/53, 1953, that I last saw the deceased alive on 1/14/53, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Haerman MD</u> (Degree or title)	23b. ADDRESS <u>Gainesville, Missouri</u>	23c. DATE SIGNED <u>2/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURY</u>	24b. DATE <u>2-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jones Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lutie Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-3-53</u>	REGISTRAR'S SIGNATURE <u>Mae Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clint King Road Funeral Home Kennett Mo</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 9 1953

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 John B. Clary

Licensed Embalmer No. 4885

P. O. Address Gaineville, 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.