

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **20610**

*Call*  
**FILED JUN 29 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **100**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>AUDRAIN</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>MEXICO</b>	a. STATE <b>MISSOURI</b>	b. COUNTY <b>MONROE</b>
c. LENGTH OF STAY (in this place) <b>12 hrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>MOLIND</b>	OR TOWN <b>0690</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AUDRAIN Co. HOSPITAL</b>	d. STREET ADDRESS (If rural, give location) <b>RED #1</b>		

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <b>FRANCES</b>	b. (Middle) <b>WILLARD</b>	c. (Last) <b>CARNES</b>	(Month) <b>JUNE</b>	(Day) <b>19</b>	(Year) <b>1953</b>
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>NEVER MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>AUG 16-1888</b>	<b>9. AGE</b> (In years last birthday) <b>64</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>EDGEAR Co., ILL.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>Geo P. CARNES</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>VIRGINIA WILLIAM SMITH</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>NONE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>MRS. FRANK M. JONES</b>	<b>ADDRESS</b> <b>Mexico, Mo</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 yr</b> <b>1 1/2 yrs</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Carcinomatous</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. -- <b>DUE TO (b) Carcinoma of ovary</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>175X</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.-	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Aug 8, 1952 to June 19, 1953, that I last saw the deceased alive on June 19, 1953, and that death occurred at 11:40 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	(Degree or title)	<b>23b. ADDRESS</b> <b>Mexico, Mo.</b>	<b>23c. DATE SIGNED</b> <b>June 20, 1953</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>	<b>24b. DATE</b> <b>6-21-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>SANTA FE CEMETERY</b>	<b>24d. LOCATION</b> (City, town, or county), (State) <b>SANTA FE MISSOURI</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>June 20 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Blanche Neely</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Chas Parow, Jr.</b>	<b>ADDRESS</b> <b>MEXICO, MO</b>
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**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 *Paulo Cruz*

Licensed Embalmer No. 3569

P. O. Address Mujica

**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.