

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38375

State File No. \_\_\_\_\_

No. 300  
10. 48

BIRTH NO. NOV 18 1953 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 458

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctor's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>301 Park Lane</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Roy</b>	b. (Middle) <b>James</b>	c. (Last) <b>Carney</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 9, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 19, 1905</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 1 YEAR Days <b>21</b>	IF UNDER 1 MIN. Hours <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat Cutter &amp; Packer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b></b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dexter, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Frank B. Carney</b>	13b. MOTHER'S MAIDEN NAME <b>Mollie Hisaw</b>	14. NAME OF HUSBAND OR WIFE <b>Etta Carney</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>490-05-5465</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Etta Carney, Dexter, Mo.</b>	ADDRESS <b></b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxiation, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxiation - Cardiac Failure</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>E 928 / 3</b>
	ANTECEDENT CAUSES Broken Neck, subaceptal Fracture DUE TO (b) <b>and subdural hemorrhage</b> DUE TO (c) <b></b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b></b>		

19a. DATE OF OPERATION <b></b>	19b. MAJOR FINDINGS OF OPERATION <b></b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>103</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11 9 53</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Horse fell with him</b>
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22. I hereby certify that I attended the deceased from 11 9 53, 1953 to 11 9 53, 1953, that I last saw the deceased alive on 11 9 53, 1953, and that death occurred at 11:10 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edw. Markie MD</b>	23b. ADDRESS <b>Poplar Bluff Mo</b>	23c. DATE SIGNED <b>11 13 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-11-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dexter</b>	24d. LOCATION (City, town, or county) (State) <b>Dexter, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11/12/53</b>	REGISTRAR'S SIGNATURE <b>R. H. Minter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Strickland-Rainey</b>	ADDRESS <b>Dexter, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
NOV 16 1953

BUTLER CO. HEALTH CENTER

FILE NO. \_\_\_\_\_

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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 \_\_\_\_\_

Licensed Embalmer No. 3479

P. O. Address Heath, 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.