

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

FILED FEB 28 1955

State File No. **5387**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 23

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Johnson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Missouri</u> <u>3088</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center,</u>		d. STREET ADDRESS (If rural, give location) <u>430I Anderson St.</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>HUGH</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>CARR</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>February II, 1955</u>		
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>January 24, 1873</u>	<b>9. AGE</b> (In years last birthday) <u>82</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 6 MRS.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Plasterer Contractor</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Plastering</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Chillicothe, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Samuel Carr,</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Amanda Ondon</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mina Mill Carr,</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	<b>16. SOCIAL SECURITY NO.</b> <u>496-01-3784</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Elva Farland, Kingsville, Missouri</u>	<b>ADDRESS</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, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 months</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Generalized Atherosclerosis</u>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		<u>3-4 months</u>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4500</u>	<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>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<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>

**22. I hereby certify that I attended the deceased from Dec 10, 1954, to 2-11, 1955, that I last saw the deceased alive on 2-11, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>R. Lee Cooper, M.D.</u>	<b>23b. ADDRESS</b> <u>Warrensburg, Mo</u>	<b>23c. DATE SIGNED</b> <u>2-11-55</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>2-14-55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Washington Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Feb. 14, 1955</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Savannah Crutchfield</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>D.W. Newcomers Sons, Kansas City, Mo.</u>	<b>ADDRESS</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

512  
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RECEIVED  
FEB 21 1955  
JOHNSON COUNTY HEALTH DEPT.

3961 02 1955

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 *R. A. B. [Signature]*

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.