

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5701

State File No.

FILED MAR 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>25</u>		PRIMARY REG. DIST. NO. <u>5880</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn Rural</u>		c. LENGTH OF STAY (in this place) <u>76 yrs</u>		c. CITY OR TOWN _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. <u>At home</u>				e. STREET ADDRESS (If rural, give location) <u>Rural . Crawford Twp</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>James</u> c. (Last) <u>Carey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 8 1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 17, 1878</u>			
9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months <u>9</u> Days <u>21</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		13a. FATHER'S NAME <u>Henry Carey</u>				
13b. MOTHER'S MAIDEN NAME <u>Sarah Tiller</u>			14. NAME OF HUSBAND OR WIFE <u>Polly Regnier Carey</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edw Carey . Linn, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized Carcinomatosis</u> DUE TO (c) <u>Post gastritis</u> MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151 X</u>				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) (Min)		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 <u>1-27</u> , <u>1940</u> , to <u>3-5</u> , <u>1955</u> , that I last saw the deceased alive on <u>3-5</u> , <u>1955</u> , and that death occurred at <u>3:35</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm H. Stanley, M.D.</u>				23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>3-8-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/10/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetary</u>		24d. LOCATION (City, town or county) (State) <u>Linn, Mo., R D</u>			
DATE REC'D BY LOCAL REG. <u>Mar. 11-1955</u>		REGISTRAR'S SIGNATURE <u>T. A. ... 235</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde Morton Linn, Mo</u>					

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

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.....
Signature of Student Embalmer

Signed *Vernon M. Martin*

Licensed Embalmer No. *412*

P. O. Address *Linn*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.