

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 12 1956

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5320 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Palestine township) c. LENGTH OF STAY (In this place) life		c. CITY OR TOWN Speed	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION % Aubrey Carey		e. STREET ADDRESS (If rural, give location) RFD #3 Boonville, Mo. <u>0270</u>	

3. NAME OF DECEASED (Type or Print) a. (First) THURMAN b. (Middle) DAVID c. (Last) CAREY	4. DATE OF DEATH (Month) (Day) (Year) March 7, 1956
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5. SEX male <u>0</u>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 27, 1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Carey	13b. MOTHER'S MAIDEN NAME Eliza Rennison	14. NAME OF HUSBAND OR WIFE Alice F. Burrel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Aubrey Carey RFD #3 Boonville, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 4 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid colon		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		153X	

19a. DATE OF OPERATION 12/11/55	19b. MAJOR FINDINGS OF OPERATION Obstructing Ca of sigmoid with lymphatic & vein metastases	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., for about home, farm, factory, street, office Bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Boonville, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Dec 2, 1945, to 3-7-1956, that I last saw the deceased alive on 1-6-56, 1956, and that death occurred at 7:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. Williams, M.D.	(Degree or title)	23b. ADDRESS Boonville, Mo.	23c. DATE SIGNED 3-8-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 9/56	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery	24d. LOCATION (City, town, or county) (State) Boonville, Missouri
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DATE REC'D BY LOCAL REG. 3/8/56	REGISTRAR'S SIGNATURE J. Cooper 381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B.W. Shacker Boonville, Mo.
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

0270

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 *Berry W. Thacker*.....

Licensed Embalmer No. *394*.....

P. O. Address *Bronville*.....

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.