

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29845

State-File No. ....

FILED SEP 20 1956

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4044</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY OR TOWN <u>Sturgeon</u>		c. LENGTH OF STAY (in this place township) <u>3 yrs.</u>		c. CITY OR TOWN <u>Sturgeon</u>		d. Is 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 _____				STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>			b. (Middle) <u>Spurling</u>		c. (Last) <u>Carr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 10 1956</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u> (Specify)	8. DATE OF BIRTH <u>9 - 17 - 1897</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR <u>11</u> Months <u>25</u> Days	IF UNDER 24 HRS. Hours Min. <u>---</u> <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Arthur W. Carr</u>			13b. MOTHER'S MAIDEN NAME <u>Florence Spurling</u>		14. NAME OF HUSBAND OR WIFE <u>Lora Kite Carr</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-38-0814</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. D.S. Carr, Sturgeon, Mo.</u> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis &amp; myocardial infarction</u> DUE TO (c) <u>Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>2 min</u> <u>5 min</u> <u>Unknown</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		22. I hereby certify that I attended the deceased from <u>Sept 10, 1956</u> , to <u>Sept 10, 1956</u> , that I last saw the deceased alive on <u>Sept 10, 1956</u> , and that death occurred at <u>3:30 A. m.</u> , from the causes and on the date stated above.	
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? <u>0</u>			
23a. SIGNATURE <u>Henry J. Stewart</u> (Degree or title) _____			23b. ADDRESS <u>Sturgeon, Mo</u>			23c. DATE SIGNED <u>9-10-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-12-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Randolph Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept 17-1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. D.S. Carr</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bell G. Meador</u> ADDRESS <u>Sturgeon, Missouri</u>			

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

30

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 *Bill J. Meador*  
Licensed Embalmer No. *4876*

P. O. Address *Sturgeon, Minn.*

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.