

FILED DEC 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39070

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 79

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

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SULLIVAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-BUCHANAN TWP	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 12 MI. N.E. GREEN CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Ann	c. (Last) Carr	4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 30, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 1 Days 22	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Farm home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM T. HARRADINE	13b. MOTHER'S MAIDEN NAME MARY CASON	14. NAME OF HUSBAND OR WIFE ELISHA N. CARR
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herbert Wood, Green City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 2 Months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Labor pneumonia		
	DUE TO (c) 2 Months ago		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 490X
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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?
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22. I hereby certify that I attended the deceased from 11-19-1956 to 11-22-1956, that I last saw the deceased alive on 11-22-1956, and that death occurred at 8 p.m., from the causes and on the date stated above.

23a. SIGNATURE Chas. L. Judd, D.O.	23b. ADDRESS Unionville Mo	23c. DATE SIGNED 11-25-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 25, 1956	24c. NAME OF CEMETERY OR CREMATORY GREEN CITY CEMETERY	24d. LOCATION (City, town, or county) (State) GREEN CITY, MO.
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DATE REC'D BY LOCAL REG. 12-8-56	REGISTRAR'S SIGNATURE Maxwell Durbin	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kent, Green City, Mo.
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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 Karl P. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.