

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40154
STATE FILE NUMBER

FILED DEC 9 - 1957

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Iron			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural-Arcadia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR THE Home for Aged Baptists INSTITUTION		Length of stay in lb 3yr. 11mo. 28da	d. STREET ADDRESS 1 1/2 mi. E. on Hwy. 70		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Nelle Eva Carrier			4. DATE OF DEATH Month Day Year Nov. 27, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 8, 1880	9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) music teacher		10b. KIND OF BUSINESS OR INDUSTRY teaching music	11. BIRTHPLACE (City and state or country) Chanute, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Charles H. Carrier			14. MOTHER'S MAIDEN NAME Sarah M. Evans		
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 Address Dolores Weiss, Ironton, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b)					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from JUNE 1 57, to 11-27 57 and last saw her alive 11-26-57 Death occurred at 5:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Marvin C. Menne, MD. (Degree or title)			22b. ADDRESS Ironton, Mo.		22c. DATE SIGNED 11-29-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-30-57	23c. NAME OF CEMETERY OR CREMATORY Home Cemetery		23d. LOCATION (City, town, or county) (State) Ironton Missouri
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo. Auel J. White		25. DATE RECD. BY LOCAL REG. 12-2-57		26. REGISTRAR'S SIGNATURE Mrs. (Miss) Jones	

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
Public
Service

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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FEB 5 1958

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 *Amel F. White*.....

Licensed Embalmer No. *3012*

P. O. Address *Clinton, Miss*

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.