

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010550
STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 175 Primary Registration District No. 3036

Registrar's No. 38

5. 300
1-57
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1. PLACE OF DEATH a. COUNTY <u>Laurens</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stone</u> 1040	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Galena, Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Aurora Hospital 2 Wks.</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>M.</u> Last <u>Carney</u>		4. DATE OF DEATH Month <u>Mar.</u> Day <u>25</u> Year <u>1958</u>	
5. SEX <u>m.</u>	6. COLOR OR RACE <u>w.h.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 10 - 1884</u> 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H. Army</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years at birthday) <u>10</u> Months <u>5</u> Days Hours Min.
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H. Army</u>		11b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Stone Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Carney</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha E. Warren</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Carney</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>489-24-4703</u>	
17. INFORMANT <u>Mrs. Minnie Carney</u>		Address <u>Galena, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal anemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic - cardio-vascular</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) <u>renal disease</u> <u>Diabetes - Mellitus</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>260X</u>			
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.) <u>0</u>	
20c. TIME OF INJURY Hour a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1940</u> to <u>1958</u> and last saw him alive on <u>3-25-58</u> Death occurred at <u>12:20 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. P. Coyne</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Quincy, Mo.</u>	
22c. DATE SIGNED <u>3-31-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 28 - 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cape Fair</u>	23d. LOCATION (City, town, or county) (State) <u>Cape Fair, Mo.</u>
24. FUNERAL DIRECTOR <u>Emerita J. Cheatham</u> ADDRESS <u>Galena, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-2-58</u>	26. REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
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.

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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
Signature of Student Embalmer

Signed *Everett J. Cheatham*

Licensed Embalmer No. *3870*
P. O. Address *Galena 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.