

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035253

STATE FILE NUMBER

FILED SEP 17 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 170

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Walker, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital			Length of stay in 1b 2 Weeks		d. STREET ADDRESS (If outside, give location) R.F.D.No.2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Fanny Middle Carrington Last Carrington				4. DATE OF DEATH Month September Day 8 Year 1958									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 30, 1874		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 4 Days 4		IF UNDER 24 HRS. Hours 4 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Portsmouth, Ohio			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Samuel Smith				13b. MOTHER'S MAIDEN NAME Martha Valette				14. NAME OF HUSBAND OR WIFE Deceased Wm.H.Carrington					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none				16. SOCIAL SECURITY NO. none		17. INFORMANT 2237-Tucker St. Daughter Mrs. Audrey Percifield, Nevada, 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) Chronic myocardial failure DUE TO (b) Arteriosclerotic heart disease DUE TO (c) 4200 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								INTERVAL BETWEEN ONSET AND DEATH 2 weeks					
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 <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 Aug 27, 1958 to Sept 8 and last saw her alive on Sept 8 '58 Death occurred at 4:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Ray W. Pearce						22b. ADDRESS Nevada, Mo.			22c. DATE SIGNED 9/10/58				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 9-10-1958		23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park			23d. LOCATION (City, town, or county) Nevada, Missouri			23e. (State)		
24. FUNERAL DIRECTOR Hays Funeral Service, Inc. Nevada, Missouri				ADDRESS		25. DATE RECD. BY LOCAL REG. 9-12-58		26. REGISTRAR'S SIGNATURE Arnold J. Ferry					

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard L. Griffin*

Licensed Embalmer No. *5033*
P. O. Address *Adelphi, Va*

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.