Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-039341
STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN Boonville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Haas Nursing Home — Length of stay in Hospital 5 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Cooper
c. CITY OR TOWN Boonville — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 0270 RFD Boonville — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First RIMEY Middle SMITH Last CAREY SR.
4. DATE OF DEATH Month Dec. Day 11 Year 1958
5. SEX male
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH June 8, 1882
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer
10b. KIND OF BUSINESS OR INDUSTRY agriculture
11. BIRTHPLACE (City and state or country) Cooper County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Monterville Cary
13b. MOTHER'S MAIDEN NAME Susan Cartner
14. NAME OF HUSBAND OR WIFE Molly Cartner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Earl Cary Address RFD Boonville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes + Senility
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1956, to Dec 11-58 and last saw her/him alive on Dec 10-58
Death occurred at 8:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. Dieckmeyer (Degree or title) MD
22b. ADDRESS Boonville Mo
22c. DATE SIGNED 12/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 12/13/58
23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery
23d. LOCATION (City, town, or county) (State) RFD Boonville, Mo.

24. FUNERAL DIRECTOR B. W. Thacher ADDRESS Boonville, Mo.
25. DATE RECD. BY LOCAL REG. 12/11/58
26. REGISTRAR'S SIGNATURE D. E. Hooper

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

## 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 Berry W. Thacker

Licensed Embalmer No. 3944

P. O. Address Boonville

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.