

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045299-1

STATE FILE NUMBER

FILED JAN 5 1958

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 476

300
1-57

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		c. CITY OR TOWN <u>Esther</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>502 5th.</u>	
Length of stay in lb <u>32 Days</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED First Middle Last
HELEN RUTH CARR

4. DATE OF DEATH Month Day Year
Dec 24, 1958

5. SEX female 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH Aug-20-1937 9. AGE (In years last birthday) 21

10. 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) Elvins St. Francois Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Everett Jenkins 13b. MOTHER'S MAIDEN NAME Belle L. Barnett 14. NAME OF HUSBAND OR WIFE Virgel Lee Carr

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. 496-38-9445 17. INFORMANT Address Virgel L. Carr Elvins, 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) Lupus Erythematosus disseminatus 172
DUE TO (b) Pyelonephritis
DUE TO (c) 456X
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 NO 2

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 Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT 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 June 9 58 to Dec 24 58 and last saw her alive on Dec 24 58
Death occurred at 6:30 P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E H Appberry Int 22b. ADDRESS Rivermines, Missouri 22c. DATE SIGNED 12-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec-27-1958 23c. NAME OF CEMETERY OR CREMATORY St. Francois Memo Park 23d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Murphy L. Sparks Flat River, MO. 25. DATE RECD. BY LOCAL REG. Dec. 27, 1958 26. REGISTRAR'S SIGNATURE Esther Rudloff

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.

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 *Murphy Sparks*

Licensed Embalmer No. *4236*

P. O. Address *Plotkin, 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.