

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020942

STATE FILE NUMBER

FILED JUN 30 1959

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 683

S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1916 N. Newton Ave.</b>		Length of stay in lb <b>6 years</b>	d. STREET ADDRESS <b>1916 N. Newton Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>DOCK</b> Middle <b>BOYD</b> Last <b>CARR</b>			4. DATE OF DEATH Month <b>June</b> Day <b>22</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>15 June 1873</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. farming</b>	11. BIRTHPLACE (City and state or country) <b>Hickman County, Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William Carr</b>		13b. MOTHER'S MAIDEN NAME <b>Sally Carden</b>		14. NAME OF HUSBAND OR WIFE <b>Elvina P. Carr</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>----</b>	17. INFORMANT <b>1916 N. Newton Ave., Elvina P. Carr, Springfield, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Senility</b>					INTERVAL BETWEEN ONSET AND DEATH
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) <b>Arteriosclerosis</b>					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 <b>Jan 7/59</b> to <b>present</b> and last saw him alive on <b>June 20, 1959</b> Death occurred at <b>10:05 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Henry F. Knabb, M.D.</b>			22b. ADDRESS <b>1630 N. Jefferson Springfield Mo.</b>		22c. DATE SIGNED <b>June 23/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-25-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri.</b>	
24. FUNERAL DIRECTOR <b>Ralph Thiem, Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-25-59</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>		

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 *Lee Mass* .....

Licensed Embalmer No. *4568*

P. O. Address: *Springfield, Vt*

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.