

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039146

FILED VS
ENDED

Registration District No. 243 Primary Registration District No. 4264 Registrar's No. 43

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella		Length of stay in 1b 5 days		c. CITY OR TOWN Granby		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Memorial			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt #2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Mary Middle Belle Last Carney				4. DATE OF DEATH Month Sept Day 4 Year 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-1-1889	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Arkansas		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME August Brust			13b. MOTHER'S MAIDEN NAME Elizebeth Carnahan			14. NAME OF HUSBAND OR WIFE R. E. Carney			
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. None		17. INFORMANT Address Mr. Ernest Hopper Granby, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure								INTERVAL BETWEEN ONSET AND DEATH minutes (sudden)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Failure								minutes (sudden)	
DUE TO (c) Acute infection (cholecystitis)								1 week	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 8-31-60 to 9-4-60 and last saw her alive on 9-4-60 Death occurred at 7:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE C.R. Halburan D.D. (Degree or title)				22b. ADDRESS Stella, Mo.				22c. DATE SIGNED 9-6-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-6-1960	23c. NAME OF CEMETERY OR CREMATORY Hazelgreen		23d. LOCATION (City, town, or county) (State) Boulder City, Missouri				
24. FUNERAL DIRECTOR Shewmake Funeral Home Granby, Missouri ADDRESS				25. DATE RECD. BY LOCAL REG. 9-15-60		26. REGISTRAR'S SIGNATURE Medred Moberly			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Floyd E. Sheumaker

Licensed Embalmer No. 492
P. O. Address Box 58 Grant

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.