

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038798

STATE FILE NUMBER

Registration District No. 6 Primary Registration District No. 4017 Registrar's No. 20

FILED OCT 25 1963

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farber		c. CITY OR TOWN Farber	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North American Refr.		d. STREET ADDRESS (If outside, give location) Farber	

3. NAME OF DECEASED (Type or print) Merle William Carr			4. DATE OF DEATH Month October Day 17 Year 1963		
5. SEX Male	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 5-8-1909	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY North American Refr., Adams Co., Ill.	11. BIRTHPLACE (City and state or country) U. S. A.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME George Carr	13b. MOTHER'S MAIDEN NAME Ella Mae Rhodes	14. NAME OF HUSBAND OR WIFE Margaret Joe Carr
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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. [REDACTED]	17. INFORMANT Margaret Joe Carr, Farber, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) multiple mutilating injuries		INTERVAL BETWEEN ONSET AND DEATH instant
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) _____	PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fall into gears of pug mill.
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Factory	20f. CITY, TOWN, OR LOCATION Farber	COUNTY Audrain	STATE Missouri
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21. I attended the deceased from 11-21-61 to death and last saw her alive on 6-10-63
Death occurred at 1:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William W. Bradley MD, coroner	22b. ADDRESS Farber, Mo.	22c. DATE SIGNED 10-22-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-19-63	23c. NAME OF CEMETERY OR CREMATORY Farber Cemetery	23d. LOCATION (City, town, or county) (State) Farber, Missouri
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24. FUNERAL DIRECTOR William B. Waters, Vanderlin, Mo.	25. DATE RECD. BY LOCAL REG. Oct 23 1963	26. REGISTRAR'S SIGNATURE Mallie Fugate
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

1 0040
2 0040
3
4 0
5 1
6
7 1
8 2
9 9123
10 5
11 004
12 91-3
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

NOV 5 1963

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 William B. Waters

Licensed Embalmer No. 4169
P. O. Address Vandalia, 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.