

FILED FEB 4 - 1972

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

72 002720

## CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

VS 300

Rev. 1/70

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 52

DECEASED—NAME FIRST MIDDLE LAST <u>Carey</u>		SEX <u>Male</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>1/25/72</u>
1. <u>Marvin E. Carey</u>			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <u>White</u>	AGE—LAST BIRTHDAY (YEARS) <u>65</u>	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN. <u>May 21, 1906</u>
CITY, TOWN, OR LOCATION OF DEATH <u>Sedalia</u>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>Bothwell Hosp.</u>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>Mo.</u>	CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>Delphia Moon (Dec)</u>
SOCIAL SECURITY NUMBER <u>495-01-7459</u>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>Ret. Welder &amp; Mechanic</u>	KIND OF BUSINESS OR INDUSTRY <u>Garage</u>	
RESIDENCE—STATE <u>Mo.</u>	COUNTY <u>Morgan</u>	CITY, TOWN, OR LOCATION <u>Syracuse</u>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>No</u>
STREET AND NUMBER <u>R.F.D. Farm</u>			
FATHER—NAME FIRST MIDDLE LAST <u>Jerome Carey</u>	MOTHER—MAIDEN NAME FIRST MIDDLE LAST <u>Adeline Mosier</u>		
INFORMANT—NAME <u>Jacqueline Jones</u>	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>Kansas City Mo.</u>		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
1. IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> DUE TO, OR AS A CONSEQUENCE OF:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>8 weeks</u>
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) DUE TO, OR AS A CONSEQUENCE OF:			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <u>20a.</u>	DATE OF INJURY (MONTH, DAY, YEAR) <u>20b.</u>	HOUR <u>20c.</u>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) <u>20d.</u>
INJURY AT WORK (SPECIFY YES OR NO) <u>20e.</u>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <u>20f.</u>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <u>20g.</u>	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS <u>20h.</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <u>Nov. 28, 1971</u> TO <u>Jan. 25, 1972</u>	AND LAST SAW HIM/HER ALIVE ON <u>Jan. 24, 1972</u>	I DID/DO NOT VIEW THE BODY AFTER DEATH. <u>did</u>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. <u>5:30 P.M.</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. <u>21a.</u>	M. <u>21b.</u>		
CERTIFIER—NAME (TYPE OR PRINT) <u>T. S. HOPKINS, M.D.</u>	SIGNATURE <u>T. S. Hopkins, M.D.</u>	DEGREE OR TITLE <u>M.D.</u>	DATE SIGNED (MONTH, DAY, YEAR) <u>1-25-72</u>
MAILING ADDRESS—CERTIFIER <u>1718 S. Ingram,</u>	STREET OR R.F.D. NO. <u>Sedalia,</u>	CITY OR TOWN <u>Mo.</u>	STATE <u>65</u> ZIP <u>301</u>
BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	CEMETERY OR CREMATORY—NAME <u>Tipton I.O.O.F.</u>	LOCATION <u>Tipton Mo.</u>	CITY OR TOWN <u>STATE</u>
DATE (MONTH, DAY, YEAR) <u>1/27/72</u>	FUNERAL HOME—NAME AND ADDRESS <u>Conn Funeral Home Morgan</u>	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP <u>Miller St Tipton Mo. 65081</u>	
FUNERAL DIRECTOR—SIGNATURE <u>Richard D. Conn</u>	REGISTRAR—SIGNATURE <u>Frances Thelby</u>	DATE RECEIVED BY LOCAL REGISTRAR <u>Jan 28, 1972</u>	
25b. <u>2976</u>			

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.Stem #1 corrected by the  
Funeral Home. 2-24-72

**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 Richard D. Conner

Licensed Embalmer No. 5509

P. O. Address Tipton 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.