

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1949

State File No. **42884**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **6201** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY <b>TEXAS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>TEXAS</b>	
b. CITY OR TOWN <b>RURAL SARCENT</b>		c. CITY OR TOWN <b>RURAL SARCENT</b>	
c. LENGTH OF STAY (In this place) <b>47 yrs</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CARRIE</b> b. (Middle) <b>OLIVER</b> c. (Last) <b>MCCARTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 24 1948</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>OCT. 28, 1864</b>		9. AGE (In years last birthday): <b>84</b>		10. <input type="checkbox"/> UNDER 1 YEAR <b>1</b> <input type="checkbox"/> YEAR <b>26</b> <input type="checkbox"/> HOURS <input type="checkbox"/> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>L</b>		11. BIRTHPLACE (State or foreign country) <b>ILL.</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>JOHN H. OLIVER</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH POOL</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLES MCCARTER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. on back cover) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>L</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles McCarter Cabool Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio sclerotic Heart Disease</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>9/3/48</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Surrett Lloyd MD D</b>		23b. ADDRESS <b>Cabool Mo</b>		23c. DATE SIGNED <b>Dec 27/48</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-28-48</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CABOOL</b>	
		24d. LOCATION (City, town, or county) (State) <b>CABOOL MO</b>			

DATE REC'D BY LOCAL REG. <b>Dec 27, 48</b>		REGISTRAR'S SIGNATURE <b>Gaynell Cunningham</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Baylord U. Elliott Cabool mo</b>	
---	--	--	--	---	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-8-79  
DISTRICT HEALTH OFFICER No. 5,  
DISTRICT FILE NUMBER 14927  
~~67-2-1~~

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 .....  
Student Embalmer

Signed: Frank E. Wood

Licensed Embalmer No. 4076

P. O. Address Houston, 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 this body is not embalmed, fact should be so stated above.