No. 300
10.48

FILED JUN 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16724

BIRTH NO. 16669-49 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEOSHO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1101 MAIN AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NEWTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEOSHO
d. STREET ADDRESS (If rural, give location): 1101 MAIN AVE.

3. NAME OF DECEASED (Type or Print)
a. (First): LARRY
b. (Middle): WILLIAM
c. (Last): CARTER

4. DATE OF DEATH (Month) (Day) (Year): MAY 27 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: MARCH 4 1949
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 2 Days: 23 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEOSHO MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: GEORGE CARTER
13b. MOTHER'S MAIDEN NAME: FRANCES CUTBIRTH
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: George Carter ADDRESS: Neosho Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Diarrhea — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5/20, 1949, *to* 5/27, 1949, *that I last saw the deceased alive on* 5/27, 1949, *and that death occurred at* 7:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul C Davis MD
23b. ADDRESS: Neosho Mo
23c. DATE SIGNED: 6/2/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-29-1949
24c. NAME OF CEMETERY OR CREMATORY: GIBSON
24d. LOCATION (City, town, or county) (State): NEOSHO MISSOURI

DATE REC'D BY LOCAL REG.: June 2, 1949
REGISTRAR'S SIGNATURE: Melvin C. Bonnard 223
25. FUNERAL DIRECTOR'S SIGNATURE: Corley Thompson ADDRESS: Neosho Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. Newton Co. Health Unit
District File Number 649-100
Received JUN 6 1949
Date Filed

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 Rollie Kessel Student Embalmer No. 228, working under my personal supervision.

Student Rollie Kessel
Student Embalmer

Signed Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.