

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29138**

FILED SEP 6 1949

No. 300
10.48
1150

BIRTH NO. _____		REG. DIST. NO. 375	PRIMARY REG. DIST. NO. 4551	Registrar's No. 30
1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wright		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartville		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Silas		b. (Middle) Adam		c. (Last) Carter
4. DATE OF DEATH (Month) (Day) (Year) 8 23 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 9, 1869	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 14	IF UNDER 12 HRS. Hours 14	IF UNDER 12 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired teacher		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Wright County, Mo.
12. CITIZEN OF WHAT COUNTRY? U S A				
13a. FATHER'S NAME Cornelius Carter		13b. MOTHER'S MAIDEN NAME Missouri Cloud		14. NAME OF HUSBAND OR WIFE Nancy Carter
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'S SIGNATURE OR NAME Mrs Jewell Ripnee ADDRESS Hartville Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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.		INTERVAL BETWEEN ONSET AND DEATH 2 days 331X
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)		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 8-21, 1949 to 8-23, 1949 , that I last saw the deceased alive on 8-23, 1949 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. R. Witt M.D.		23b. ADDRESS Hartville Mo		23c. DATE SIGNED 8-27-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug 25 1949		24c. NAME OF CEMETERY OR CREMATORY Steele Memorial
24d. LOCATION (City, town, or county) (State) Hartville Mo				
DATE REC'D BY LOCAL REG. Aug. 27, 1949		REGISTRAR'S SIGNATURE B. Garner		25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Holden ADDRESS Hartville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 29 1949

District Health Officer

District File Number 849-994

Date Filed 8-29-49

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.

Signed Gene E. Holden

Signed _____
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address Hartsville, Md.

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.