

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40042**

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

BIRTH NO. _____		REG. DIST. NO. <u>376</u>		PRIMARY REG. DIST. NO. <u>4560</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>Wright Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>					
b. CITY OR TOWN <u>Norwood</u>		c. LENGTH OF STAY (In this place) <u>6 mos.</u>		c. CITY OR TOWN <u>Cabool</u>		107			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Millard Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>10</u>					
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First)		b. (Middle) <u>EXAMINE</u>		c. (Last) <u>CARTER</u>			
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>11</u>		(Year) <u>1949</u>			
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W-2</u>		8. DATE OF BIRTH <u>Dec 7 1854</u>		9. AGE (In years last birthday) <u>94</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>John Fry</u>		13b. MOTHER'S MAIDEN NAME <u>Denney</u>		14. NAME OF HUSBAND OR WIFE <u>John Henry Carter</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tom Carter</u>		ADDRESS <u>Cabool Mo</u>			
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) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Rheumatism</u> 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 <u>410X</u>	
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) (Min.)		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 <u>11:30 am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. Ken W. ...</u> (Degree or title)				23b. ADDRESS <u>...</u>		23c. DATE SIGNED <u>Nov 11/1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cabool</u>		24d. LOCATION (City, town, or county) (State) <u>Cabool Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-16-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. G.R. Washburn</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. Elliott</u>		ADDRESS <u>Cabool Mo.</u>			

RECEIVED NOV 21 1949
District Health Office No. 6,
District File Number 1149-1268
Date Filed 11-30-49

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.....

James L. Seubey

Signed.....

Student Embalmer

Licensed Embalmer No. 4718

P. O. Address Calool

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.