

FILED MAR 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38725

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 5116 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BOONE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - BOURBON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - 6 MI WEST STURGEON</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>at HOME - 6 MI - W. Sturgeon</b>		<b>R.F.D. Sturgeon.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>CARTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 27 - 1950</b>		
5. SEX <b>MALE</b> COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MARCH 26 - 1870</b>	
9. AGE (In years last birthday) <b>79</b>		10. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>✓</b>		13b. MOTHER'S MAIDEN NAME <b>HOLDA WALKER</b>		14. NAME OF HUSBAND OR WIFE <b>ELIZABETH ELLEN CARTER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>✓</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. O. L. Bradley</b> ADDRESS <b>Columbia Mo</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive brain destruction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Smaller</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Gunshot wound in head</b>		" <b>E976 X</b>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>home on farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Bourbon (Town) Boone Mo</b>		
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 <b>DIO</b>		

22. I hereby certify that I attended the deceased from **renewed as coroner**, 19\_\_\_, to \_\_\_ 19\_\_\_, that I last saw the deceased alive on \_\_\_ 19\_\_\_, and that death occurred at **8:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harry M. Griffith, M.D. Coroner</b> (Degree or title)		23b. ADDRESS <b>Columbia Mo</b>		23c. DATE SIGNED <b>Mar. 1, 1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Mar. 1 - 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PERCHE</b>	
24d. LOCATION (City, town, or county) (State) <b>Boone Co. Mo.</b>		24e. DATE REC'D BY LOCAL REG. <b>Mar 2 - 1950</b>		REGISTRAR'S SIGNATURE <b>Maud McPride</b>	

25. FUNERAL DIRECTOR'S SIGNATURE <b>Banner Booth - Sturgeon Mo.</b> ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

7100  
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APR 21 1950

District File Number \_\_\_\_\_

District Health Officer No. 9,

RECEIVED MAR 7 1950

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 \_\_\_\_\_

Licensed Embalmer No. 4087

P. O. Address. Sturgeon - 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.