

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9241**  
Registrar's No. **149**

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D. Hurs. v.

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

BIRTH NO. _____		REG. DIST. NO. <b>156</b>		PRIMARY REG. DIST. NO. <b>2001</b>		Registrar's No. <b>149</b>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>SAS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Baxter Springs</b>		8	
d. FULL NAME OF (If in hospital, state hospital and street address) HOSPITAL OR INSTITUTION <b>Car Wreck Jimi West on #166</b>				d. STREET ADDRESS (If rural, give location) <b>308 East 17th Street</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Charles</b>		b. (Middle) <b>Edward</b>		c. (Last) <b>CARTER</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>March 18, 1950</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED <b>Never Married</b>	
8. DATE OF BIRTH <b>August 9, 1931</b>		9. AGE (In years last birthday) <b>18</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>9</b>		IF UNDER 4 HRS. Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foundry Apprentice</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Machinery</b>		11. BIRTHPLACE (State or foreign country) <b>Cassville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Fay Carter</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Scott Carter</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND NAME ADDRESS <b>Fay Carter 308 E.17th St Baxter Springs, Kan</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>- INJURIES MULTIPLE EXTREME -</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CRUSH INJURY SKULL, AND</b> DUE TO (c) <b>SEVERE INTRACRANIAL INJURY</b>				INTERVAL BETWEEN ONSET AND DEATH <b>ribb</b> <b>0 0 26</b>	
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>ACCIDENT</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>U.S. HIGHWAY #166</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Joplin Jasper Mo.</b>		21f. HOW DID INJURY OCCUR? <b>Automobile collision 1st 20MI</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3 - 18 - 50 5:30 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>(Died, 7:00, at end house)</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Describe or title) <b>Wendell Cronig Joplin Co. Mo.</b>				23b. ADDRESS <b>Joplin Natl Bank Bldg Joplin Mo</b>		23c. DATE SIGNED <b>3-25-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-21-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kings Prairie Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Monett, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3-30-50</b>		REGISTRAR'S SIGNATURE <b>Edw. W. James 138</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Dillon Funeral Home Monett, Missouri</b>			

RECEIVED 4-10-50  
Jasper County Health Office

County File Number 50-3-266

Date Filed 4-11-50

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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 William E. Huddleston

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.