

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11564**BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 45 years	
d. FULL NAME OF HOSPITAL-OR INSTITUTION 427 North Jefferson		d. STREET ADDRESS (If rural, give location) 427 North Jefferson	

3. NAME OF DECEASED (Type or Print)	a. (First) May	b. (Middle) Sears	c. (Last) Carter	4. DATE OF DEATH (Month) (Day) (Year) March 12th, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Widow	8. DATE OF BIRTH Oct. 4th, 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 5 Days 8	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Glasgow, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Peter Redman Sears	13b. MOTHER'S MAIDEN NAME Alice Rohrer	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Eugene Carter, Marshall, Mo.	ADDRESS -----
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia		
	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. Acute Stenosis		1096	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-6**, 19**50**, to **3-12**, 19**50**, that I last saw the deceased alive on **3-17**, 19**50** and that death occurred at **11 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Marshall Mo	23c. DATE SIGNED 3-14-50
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE March 15, 1950	24c. NAME OF CEMETERY OR CREMATORY Union cemetery	24d. LOCATION (City, town, or county) (State) Saline County, Missouri
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DATE REC'D BY LOCAL REG. Mar. 14-1950	REGISTRAR'S SIGNATURE [Signature] 385	25. FUNERAL DIRECTOR'S SIGNATURE CAMPBELL-LEWIS, MARSHALL-Mo.	ADDRESS -----
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RECEIVED **MAR 20**
District Health Officer No. 8,
District File Number _____
Date Filed 3-24-50

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

James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.