

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12104

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 3007 Registrar's No. 186

0123
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	0123
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.		d. STREET ADDRESS (If rural, give location) 1301 North 10th.	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) LAFAYETTE c. (Last) CARTER	4. DATE OF DEATH (Month) (Day) (Year) 4/25/1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/5/1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 10 Days 20	IF UNDER 4 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret... Schoolteacher	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) White Co., Ill.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John B. Carter	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs. Maude E. Carter
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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. 382 22 1924	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maude E. Carter.. Poplar Bluff
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Obstructive Jaundice		10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Stomach in Hepatic duct.		10 days
DUE TO (c) Gangrenous Cholecystitis		5 days.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 25 April 50	19b. MAJOR FINDINGS OF OPERATION As above	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 585X
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22. I hereby certify that I attended the deceased from **12 April, 1950**, to **25 April, 1950**, that I last saw the deceased alive on **25 April, 1950**, and that death occurred at **4:45** m., from the causes and on the date stated above.

23a. SIGNATURE W. Brookerson M.D.	(Degree or title)	23b. ADDRESS 321 Oak Poplar Bluff Mo	23c. DATE SIGNED 26 April 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/28/50	24c. NAME OF CEMETERY OR CREMATORY Old Village	24d. LOCATION (City, town, or county) (State) White Co., Ill
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DATE REC'D BY LOCAL REG. May 1-1950	REGISTRAR'S SIGNATURE Wm. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell.... Poplar Bluff, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

550-014
MAY 8 - 1950
BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

JUN 8 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 George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff, 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.