

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

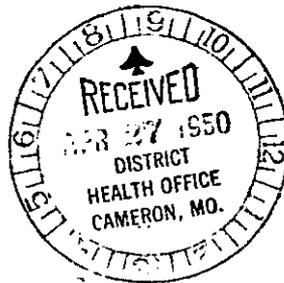
State File No. **12432**

FILED MAY 5 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **5367** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Monroe Township</b>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Monroe Township</b>		d. STREET ADDRESS (If rural, give location) <b>9 Miles S.E. Gallatin, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9 Miles S.E. Gallatin, Mo.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 5 1950</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Festus</b>		b. (Middle) <b>Jasper</b>	
c. (Last) <b>Carter</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>March 2 1876</b>		9. AGE (In years last birthday) <b>74</b> 1 <b>1</b> 3 <b>3</b> (If under 1 year: Months) (If under 1 hr.: Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	
11. BIRTHPLACE (State or foreign country) <b>Daviess County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Calvin Carter</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy George</b>	
14. NAME OF HUSBAND OR WIFE <b>Capitola Carter</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. <b>491-22-6076</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Clay Sharp, Gallatin, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Block</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Uremia</b> DUE TO (c) <b>Chronic Glomerular Nephritis</b> 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)	
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)		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 <b>Apr 4</b> , 19 <b>50</b> , to <b>Apr 5</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Apr 4</b> , 19 <b>50</b> , and that death occurred at <b>7:20A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>F. B. Bailey</b>		23b. ADDRESS <b>W. O. Jamesport</b>	
23c. DATE SIGNED <b>4/10/50</b>		24. LOCATION (City, town, or county) (State) <b>Daviess Co. Missouri</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-7-1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Centenary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Daviess Co. Missouri</b>	
DATE REC'D BY LOCAL REG. <b>24 Apr. 1950</b>		REGISTRAR'S SIGNATURE <b>Virginia M. Engelhardt</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Hope Funeral Home</b>		ADDRESS <b>Gallatin, Mo.</b>	

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



**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 \_\_\_\_\_

L. O. Dickerson  
Licensed Embalmer No. 3307

P. O. Address \_\_\_\_\_  
Fulton, 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.