

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12883  
Registrar's No. 1722

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		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 OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) SWEET SPRINGS	
c. LENGTH OF STAY (in this place) 4 DAYS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			

3. NAME OF DECEASED a. (First) RUDOLPH b. (Middle) CLARENCE c. (Last) CARTER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 12, 1950					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 6, 1891	9. AGE (in years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY Undertaking		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME TOM CARTER		13b. MOTHER'S MAIDEN NAME LIZZIE RUDOLPH		14. NAME OF HUSBAND OR WIFE NELLIE 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) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME MRS. R. C. CARTER--SWEET SPRINGS, 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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral Embolism				3 days	
ANTECEDENT CAUSES		DUE TO (b)		Auricular Fibrillation		3 weeks	
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		DUE TO (c)		Coronary Artery Sclerosis		3 mos	
II. OTHER SIGNIFICANT CONDITIONS		Terminal Pneumo-Pneumonia				1 day	
Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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) in:		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 April 6, 1950, to April 12, 1950 that I last saw the deceased alive on April 12, 1950 and that death occurred at 6 p.m., from the causes and on the date stated above.

23a. SIGNATURE Graham Asher (Degree or title)		23b. ADDRESS Kansas City, Mo. 1220 Professional Bldg.		23c. DATE SIGNED 4-12-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4/12/50		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY		24d. LOCATION (City, town, or county) (State) SWEET SPRINGS, MISSOURI	
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DATE REC'D BY LOCAL REG. 4-13-50		REGISTRAR'S SIGNATURE <i>Heraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C., MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 1930  
MAY 27 1930

3:00  
May 27

**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 S. J. Allen

Licensed Embalmer No. 1415

P. O. Address H. C. No

**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.