

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16400

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4448 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Huggins T.</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Huggins Township</u>		0380	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Jesse</u> c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4/14/50</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 14 1866</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Andrew Co. Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Hiram Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Shockley</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Lewis</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Orville Monger Stanberry, Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Hypertension</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Blind</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>4 days</u> <u>33 1/2</u> <u>many years</u>
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>4-12, 1950</u> , to <u>4-14, 1950</u> , that I last saw the deceased alive on <u>4-12, 1950</u> , and that death occurred at <u>2:30pm</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank A. Rose, M.D.</u>		23b. ADDRESS <u>Albany, Mo</u>	23c. DATE SIGNED <u>4-14-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/16/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hugginsville Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Gentry Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 19 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edith Schilder</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edith Schilder</u>	ADDRESS <u>Albany Mo</u>

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

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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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Chifford Brooks  
Licensed Embalmer No. 3329

P. O. Address Albany, 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.