

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26020

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - BOURBON</u> ✓	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>110 Mc Baine Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>6th WEST OF STURGEON.</u>	
3. NAME OF DECEASED a. (First) <u>ELIZABETH</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>CARTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 4 - 1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 31 - 1870</u>
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>1</u>	11. DAYS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HUNT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>BOONE Co. Mo. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Chilton</u>	
13b. MOTHER'S MAIDEN NAME <u>Louise PHILLIPS</u>		14. NAME OF HUSBAND OR WIFE <u>Jane W. Carter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Neal Pasley Columbia, 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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arterio-sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteri-sclerosis</u> DUE TO (c) _____ 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) (m.)		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>1947</u> to <u>Sept 4, 1950</u> , that I last saw the deceased alive on <u>Aug 1, 1950</u> , and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. S. Pasley</u> (Degree or title)		23b. ADDRESS <u>Mo. Columbia Mo.</u>	
23c. DATE SIGNED <u>9/4/50</u>		24. NAME OF CEMETERY OR CREMATORY <u>PERCHE</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>		24b. DATE <u>SEPT. 6 - 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>PERCHE</u>		24d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 8 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u> 310	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Barnes & Booth</u>		ADDRESS <u>Sturgeon Mo.</u>	

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

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RECEIVED 9-12
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9-12-50

SEP 16 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *A. Booth*

Licensed Embalmer No. *4087*

P. O. Address *Sturgeon - 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.