

FILED OCT 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29323

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 172

0048

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

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>AUDRA</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO 0002</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>509 S CALHOUN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>509 S. CALHOUN</u>			

3. NAME OF DECEASED a. (First) <u>EAPLEN</u> b. (Middle) <u>C</u> c. (Last) <u>CARTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 2 1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>FEB 21 1874</u>		9. AGE (in years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SMITH HATCHERY</u>	
11. BIRTHPLACE (State or foreign country) <u>CARROLTON ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>JOSEPH CARTER</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH LEWIS</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. E.C. CARTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>486-12-1336</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E.C. Carter</u> ADDRESS <u>Mexico 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis (heart)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 mo</u>	
		*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				10 yrs.	
		DUE TO (c) <u>Had first thrombosis about 6 months ago</u>				4:20	
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) (Min.)		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 Dec 17 1948 to April 21 1950, that I last saw the deceased alive on July 30 1950, and that death occurred at 4:18 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mexico, Mo</u>		23c. DATE SIGNED <u>Oct 3, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Oct 5 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Emerald</u>	
24d. LOCATION (City, town, or county) (State) <u>Mexico Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Mexico Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 4-1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		9	

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 1950

Date Received: OCT 9 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-56-
Date Filed: OCT 9 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 _____

Richard Y. McDonald Student Embalmer No. 371
working under my personal supervision.

Student Richard Y. McDonald Signed [Signature]
Student Embalmer Licensed Embalmer No. 3569

P. O. Address [Signature]

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.