

FILED OCT 24 1950

STANDARD CERTIFICATE OF DEATH

33055

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>84</u>		PRIMARY REG. DIST. NO. <u>5320</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Speed (Rural) Palestine</u>		c. LENGTH OF STAY (In this place) <u>all of life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Speed, Mo.</u>		<u>0270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home.</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Cartner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 13 1950</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>December 14 1917</u>	
9. AGE (In years last birthday) <u>32</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Rented Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Elmer Cartner</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Back</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Stevens Cartner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War II</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmer Cartner, Speed, Missouri.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>no. 4421</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>Was operated at Cancer Hospital 2945</u> <u>McLendon December 15 1949</u>					<u>154X</u>
19a. DATE OF OPERATION <u>1945</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cobbery type carcinoma of rectum</u>				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>Sept 1945</u> , to <u>Oct 13, 1950</u> , that I last saw the deceased alive on <u>Oct 12, 1950</u> , and that death occurred at <u>9:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. E. Atton</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Boonville, Mo</u>		23c. DATE SIGNED <u>10-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>October 15 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 15 1950</u>		REGISTRAR'S SIGNATURE <u>Willie Thellett</u> <u>75</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Missouri.</u>			

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

RECEIVED 10-23-50
DISTRICT HEALTH OFFICE No. 8
District File Number _____
Date Filed 10-23-50

OCT 23 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

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.