

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34239**

BIRTH NO. _____		REG. DIST. NO. <u>244</u>		PRIMARY REG. DIST. NO. <u>5834</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY OR TOWN <u>Diamond, Mo. #1</u>		c. LENGTH OF STAY (In this place) <u>6 YRS</u>		c. CITY OR TOWN <u># Diamond 17N. East / North</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>R#1 0730</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eltzie</u> b. (Middle) <u>Le Roy</u> c. (Last) <u>CARTERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 29-1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>JAN. 26-1914</u>	
9. AGE (In years last birthday) <u>36</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Cassville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING - CARPENTERING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Cassville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.M. CARTERMAN</u>			13b. MOTHER'S MAIDEN NAME <u>Lennie Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Geneva Carterman</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 <u>Geneva Carterman</u> ADDRESS <u>Diamond, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant melanoma posterior</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>To left ear (Supp. report)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>#</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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>July 23, 1949</u> , to <u>Oct 29, 1950</u> , that I last saw the deceased alive on <u>Oct 15, 1950</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. Carterman, D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Neosho, Mo</u>		23c. DATE SIGNED <u>Nov 2, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>0</u>		24b. DATE <u>Nov. 1-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Diamond, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 2nd 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Allie Parnello</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-BIGGAM</u> ADDRESS <u>Mortuary, Neosho Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 27 1950

RECEIVED

District Health Officer No. Newton County Health Dept.
District File Number 1150-244
Date Filed Nov 16 1950

09817, 11/17/50

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 H. G. White

Licensed Embalmer No. 4240

P. O. Address Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.