No. 300
10.48

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

# STANDARD CERTIFICATE OF DEATH

State File No. 39958

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5138 Registrar's No. 468

**1. PLACE OF DEATH**
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural..Cane Creek
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 Mi.North on 67

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural... 1030
d. STREET ADDRESS (If rural, give location): 15 Mi. S.E. of Dexter, Mo.

**3. NAME OF DECEASED** (Type or Print)
a. (First): ONA
b. (Middle): M.
c. (Last): CARTER

**4. DATE OF DEATH** (Month) (Day) (Year): Dec.8,1950

**5. SEX**: Fem. 1

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1

**8. DATE OF BIRTH**: 11/20/1907

**9. AGE** (In years last birthday): 43 — If under 1 year: Months 0, Days 18 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): At home

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (State or foreign country): Parma, Mo.

**12. CITIZEN OF WHAT COUNTRY?**: U

**13a. FATHER'S NAME**: Hiram Saltzman

**13b. MOTHER'S MAIDEN NAME**: lou Trotter

**14. NAME OF HUSBAND OR WIFE**: Johnnie H. Carter

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No.
(If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT'S SIGNATURE OR NAME** — ADDRESS: John U..Carter....Dexter, Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Uterus — 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) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* —

174X

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** YES ☐ NO ☐

**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): — a.m. p.m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**: —

22. *I hereby certify that I attended the deceased from* 12-8, 1950 *to* 12-8, 1950 *that I last saw the deceased alive on* 12-8, 1950 *and that death occurred at* Midnite *m. from the causes and on the date stated above.*

**23a. SIGNATURE**: F. G. Bond (Degree or title) M.D.-O

**23b. ADDRESS**: Poplar Bluff Mo

**23c. DATE SIGNED**:

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 11

**24b. DATE**: 12/11/50

**24c. NAME OF CEMETERY OR CREMATORY**: Heggie

**24d. LOCATION** (City, town, or county) (State): Dexter, M.

DATE REC'D BY LOCAL REG.: Dec. 11-1950

REGISTRAR'S SIGNATURE: Wm. H. Johnson 428 0

**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: FRANK*COTRELL.....Poplar Bluff,Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

DEC 20 1950

BUTLER CO. HEALTH CENTER

FILE No. 1250 499

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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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed George P. Kerfoot

Signed.....
Student Embalmer

Licensed Embalmer No. 4758

P. O. Address Poplar Bluff

**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.