

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43355

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 357 PRIMARY REG. DIST. NO. 6211 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <i>Iowa</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Iowa</i> b. COUNTY <i>Iowa</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Plato Polk Co Iowa</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Plato Iowa</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <i>JOHN</i> b. (Middle) <i>EDFORD</i> c. (Last) <i>CARTER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>12 12 50</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Aug. 20 1884</i>
9. AGE (In years last birthday) <i>66</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Plato, Mo</i>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Thomas B. Carter</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Pittman</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>2</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Bessie Willhite Plato, Mo.</i>	
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) <i>Coronary Arteriosclerosis</i> ANTECEDENT CAUSES Morbidity 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.	
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.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Plato, Mo, Iowa</i>	
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"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at _____ m., from the causes and on the date stated above.		22f. HOW DID INJURY OCCUR?	
23a. SIGNATURE <i>Bessie Willhite</i> (Degree or title)		23b. ADDRESS <i>Plato, Mo</i>	
23c. DATE SIGNED <i>Dec 14/50</i>		24a. BURIAL CREMATION REMOVAL (Specify)	
24b. DATE <i>12-14-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Regal</i>	
24d. LOCATION (City, town, or county) (State) <i>Iowa Co Mo.</i>		DATE REC'D BY LOCAL REG. <i>Dec. 31 1950</i>	
REGISTRAR'S SIGNATURE <i>Ervin Pickett</i>		FURNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Rayford O. Elliott, Houston, Mo.</i>	

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 3 1951

Date Filed 1-3-51

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.