

FILED MAR 2 1951
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3678

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax, Mo.</u>	c. LENGTH OF STAY (In this place) <u>15 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>0030</u> OR TOWN <u>Clark</u> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Blanche</u> b. (Middle) <u>Naoma</u> c. (Last) <u>Carter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19-1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 18-1902</u>	9. AGE (In years last birthday) <u>48</u> if UNDER 1 YEAR Months <u>7</u> if UNDER 11 HRS. Day <u>1</u> Hour <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kingston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>

13a. FATHER'S NAME <u>Thomas C. Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Urmie May Burgett</u>	14. NAME OF HUSBAND OR WIFE <u>Ernest Carter</u>
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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>Ernest Carter, Fairfax, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal failure</u>		<u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac insufficiency</u> DUE TO (c) <u>Rheumatic Heart Disease</u>		<u>8 months</u> <u>33 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>416x</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 1950, to Feb, 1951, that I last saw the deceased alive on Feb. 19, 1951, and that death occurred at 10:29 m., from the causes and on the date stated above.

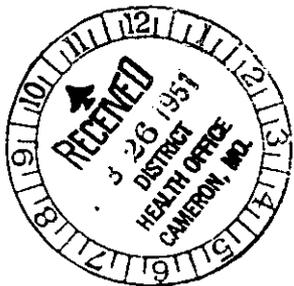
23a. SIGNATURE (Degree or title) <u>Paul V. Mungason, M.D.</u>	23b. ADDRESS <u>Fairfax, Missouri</u>	23c. DATE SIGNED <u>Feb 19, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Walshs Home</u>	24b. DATE <u>Feb. 21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walkup's Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fairfax, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 22, 1951</u>	REGISTRAR'S SIGNATURE <u>Marvin A. Schooler</u>	443	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harvey H. Schooler</u>	ADDRESS <u>Fairfax, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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



MAR 7 1951

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. ~~16625~~

working under my personal supervision.

Student
Student Embalmer

Signed Narvey N. Schoolers

Licensed Embalmer No. 16625

P. O. Address Fairfax, 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.