S. No. 300
v. 10.48

Dr. Callahan -

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4613

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 5

0461 0

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains -
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christi Hogan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas -
b. COUNTY: Fulton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moko -
d. STREET ADDRESS (If rural, give location): 8030

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Gadi
c. (Last): Carter

4. DATE OF DEATH (Month) (Day) (Year): Feb. 23 51

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 12, 1870
9. AGE (In years last birthday): 80
If under 1 year: Months 10 Days 21
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm -
11. BIRTHPLACE (State or foreign country): Carter County Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Calvin Carter
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Mary Ellen (Harding) 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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Hanlie Hutchison
ADDRESS: Sturkie Ark -

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): Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 7 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — 10 yrs.
DUE TO (c): 4-2-51

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fracture neck Rt. femur — 2-15-51

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Moko **(COUNTY)**: Fulton **(STATE)**: Arkansas
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2 15 51 3 m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: fell at home.

22. *I hereby certify that I attended the deceased from* 2-16, 1951, *to* 2-23, 1951, *that I last saw the deceased alive on* 2-23, 1951, *and that death occurred at* 9:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Callihan (Degree or title): M. D.
23b. ADDRESS: West Plains, Mo.
23c. DATE SIGNED: 2/27/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal -
24b. DATE: Feb. 26, 1951
24c. NAME OF CEMETERY OR CREMATORY: Haynes Cemetery
24d. LOCATION (City, town, or county) (State): Sturkie, Ark -

DATE REC'D BY LOCAL REG.: 3-1-51
REGISTRAR'S SIGNATURE: Beatrice Cook
25. FUNERAL DIRECTOR'S SIGNATURE: Higginbotham Funeral Service
ADDRESS: Salem, Ark.

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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISI[illegible] OF HO.
District [illegible]

RE[illegible]ED MAR 5 1957

Dist. File 351-456

Date Filed 3-6-57

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 J. H. Best

Signed.....
Student Embalmer

Licensed Embalmer No. 659

P. O. Address Walnut Ridge, Ark

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.