

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 53773

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5762 Registrar's No. 3

064

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>near Hester</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>DURHAM</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural - Rural Grove Inst</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Edwards</u> c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Oct. 17, 1861</u>		9. AGE (In years last birthday) <u>89</u>		10. IF UNDER 1 YEAR Days <u>3</u> Hours <u>21</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Marion County, near Hester</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>A. B. Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Wiseman</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas E. Nelson</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>Thomas E. Nelson</u>	
				ADDRESS <u>Maywood 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 HRS</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC-MYOCARDITIS</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>ARTERIO-SCLEROSIS</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 Jan 1945, to FEB 7, 1951, that I last saw the deceased alive on FEB 7, 1951, and that death occurred at 1:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>W. P. Elley MD</u>		23b. ADDRESS <u>La Grange MO</u>		23c. DATE SIGNED <u>2/8/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/9/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Durham</u>	
				24d. LOCATION (City, town, or county) (State) <u>Lewis Co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>2/8/51</u>		REGISTRAR'S SIGNATURE <u>E. M. Mucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball, Ewing, Mo.</u>	
				ADDRESS	

RECEIVED FEB 20 1951  
HEALTH DEPT.  
DATE FILED MAR 2 1951

MAY 26 1950

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 *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address *Ewing 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.