

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15281

FILED APR 16 1951

BIRTH NO.		REG. DIST. NO. 391		PRIMARY REG. DIST. NO. 6153		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence, give institution). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Merrel Pike</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Merrel Pike</u>		d. STREET ADDRESS (If rural, give location) <u>Near Advance, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Advance</u>				d. STREET ADDRESS (If rural, give location) <u>Near Advance, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>FRANKLIN</u>		c. (Last) <u>CARLTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 2 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Sept. 8, 1861</u>	
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of month if he ever worked) <u>retired Miller</u>		10a. KIND OF BUSINESS OR INDUSTRY <u>Seed Mill</u>		11. BIRTHPLACE (State or foreign country) <u>Bellinger Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William Alexander Cott</u>		13b. MOTHER'S MAIDEN NAME <u>Rena Lee</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lucy Carlton</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucy Carlton</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Head & Neck</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>							
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		4341		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) (Min.)		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 <u>October, 1950</u> , to <u>25th</u> , 195 <u>0</u> , that I last saw the deceased alive on <u>2 Jan</u> , 195 <u>0</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Merrill</u>				23b. ADDRESS <u>Advance Mo.</u>		23c. DATE SIGNED <u>3 Jan 50</u>	
24a. BURIAL, CREMA- TION, OR REMOVAL (Specify)		24b. DATE <u>Jan 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Advance Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 14-51</u>		REGISTRAR'S SIGNATURE <u>Bennett</u>		25. NUMERICAL IDENTIFIER'S SIGNATURE <u>Clayton Morgan</u>		ADDRESS <u>Advance Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1030

RECEIVED

APR 14 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 _____

William H. Morgan

working under my personal supervision.

Student Embalmer No.

Signed _____
Student Embalmer

Signed *William H. Morgan*

Licensed Embalmer No. *4646*

P. O. Address *Advansee, Y*

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.