

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29487

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 935

1. PLACE OF DEATH a. COUNTY <u>Rushman</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>De Kalb</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo</u>		c. LENGTH OF STAY (in this place) <u>249.5m 27day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mayoville, Mo 0321</u>		d. STREET ADDRESS (If rural, give location) <u>P.F.D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 7</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>✓</u> c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8, 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 13, 1877</u>		9. AGE (In years last birthday) <u>74 1/2</u> <u>3</u> <u>75</u> <u>Hours</u> <u>Min.</u>	
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>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Wesley J. Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Boyer</u>		14. NAME OF HUSBAND OR WIFE <u>Artie J. Carter</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>The Union</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records of State Hosp # 7, St. Joseph</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>4221</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Arterio sclerosis with Psychosis</u>			INTERVAL BETWEEN ONSET AND 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.)	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 <u>July 1, 1951</u> , to <u>Sept 8, 1951</u> , that I last saw the deceased alive on <u>Sept 7, 1951</u> , and that death occurred at <u>4:40</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Forrest Thomas MD</u>			23b. ADDRESS <u>Records of State Hosp No 7</u>		23c. DATE SIGNED <u>9/8 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/8/51</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Mayville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 11, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cas</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bourman Funeral Home, St. Joseph, Mo.</u>		

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

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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.

Signed \_\_\_\_\_

*Eugene Wood*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St, Joseph, 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.