

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42487

State File No.

BIRTH NO. 86923-51 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5933 Registrar's No. 394

1800

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Longwood (R)</u>	c. LENGTH OF STAY (In this place) <u>9 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Longwood (R)</u> <u>0860</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Not Named</u>	b. (Middle)	c. (Last) <u>CARTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 24 51</u>
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>L</u>	8. DATE OF BIRTH <u>12-23-51</u>	9. AGE (In years: last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HOURS	IF UNDER 5 MIN.
					Months	Days	Hours Min.
							<u>9</u> <u>5</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>L</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (State or foreign country) <u>Longwood (R) MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William Carter</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Cooper</u>	14. NAME OF HUSBAND OR WIFE <u>L</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>L</u>	16. SOCIAL SECURITY NO. <u>L</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. McNeill Marshall</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, asphyxia, 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>Premature</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Miscarriage -</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 <u>776-X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Dec 23, 1951, to Dec 24, 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 6:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John McNeill Marshall M.D.</u>	(Degree or title)	23b. ADDRESS <u>Houstonia</u>	23c. DATE SIGNED <u>12-25-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-25-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sweet Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Sweet Springs Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-26-51</u>	REGISTRAR'S SIGNATURE <u>Boche Hall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Weathercock</u>	ADDRESS <u>Houstonia</u>
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RECEIVED JAN 7 1952

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed JAN 7 1952 -----

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 -----

not embalmed

Student Embalmer No. -----

working under my personal supervision.

Student -----

Student Embalmer

Signed *H. K. Shirley* -----

Licensed Embalmer No. *3987* -----

P. O. Address *Hamatonia* -----

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.