

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44110

State File No.

FILED JAN 16 1952

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>400</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u> <u>MO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>35 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>MO</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 W. Johnson, St.</u>				d. STREET ADDRESS (If rural, give location) <u>502 W. Johnson</u>					
3. NAME OF DECEASED (Type or Print) <u>Eugene</u>			a. (First)		b. (Middle) <u>Carter</u>		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 8, 1890</u>	
9. AGE (In years last birthday) <u>61</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crawford Knice</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Griffin Carter</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Louvenia Carter</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>496-16-7886</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louvenia Carter - Sedalia, Mo.</u> ADDRESS					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> <u>Arterio Sclerosis & Hypertension</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Chronic nephritis</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, 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? <u>443x</u>							
22. I hereby certify that I attended the deceased from <u>Oct 2, 1951</u> to <u>Dec 5, 1951</u> , that I last saw the deceased alive on <u>Nov 5, 1951</u> , and that death occurred at <u>10:45 pm</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Robert Kemer</u> <u>MO</u>			23b. ADDRESS <u>Sedalia MO</u>			23c. DATE SIGNED <u>11/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 7, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia MO</u>			
DATE REC'D BY LOCAL REG. <u>1-1-1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. GOVERNOR DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Sedalia MO</u>					

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

RECEIVED

JAN 15 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 15 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. Price Alexander

Signed.....

Student Embalmer

Licensed Embalmer No. 4745

P. O. Address Sudalia, Miss

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.