

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 8789

FILED MAR 25 1952

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| BIRTH NO. _____ | | REG. DIST. NO. <u>155</u> | | PRIMARY REG. DIST. NO. <u>3127</u> | | Registrar's No. <u>246</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | | | |
| b. CITY OR TOWN <u>Webb City</u> | | c. LENGTH OF STAY (In this place) <u>81 yrs</u> | | c. CITY OR TOWN <u>Webb City</u> | | d. STREET ADDRESS (If rural, give location) <u>208 North Webb</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 19 1952</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>HARRIETT</u> | | a. (First) <u>E.</u> | | b. (Middle) <u>CARTER</u> | | c. (Last) | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH (Specify) October 19, 1868: 83 Months 5 Days 0 Hours 0 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>James R. Ellis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Harriett Hudson</u> | | 14. NAME OF HUSBAND OR WIFE <u>A.G. Carter (deceased)</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 ADDRESS <u>Dorothy D. Carter Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal Parenymia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>491X</u> | | | |
| 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>3-18</u> , 19 <u>52</u> , to <u>3-19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-19</u> , 19 <u>52</u> , and that death occurred at <u>11:55 pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>[Address]</u> | | 23c. DATE SIGNED <u>3/21/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>March 22, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>3-22-52</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>137</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedge Lewis Webb City, Mo.</u> | | | |

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

0492

RECEIVED 3-24-52
Jasper County Health Office

County File Number 52/3/254

Date Filed 3-24-52

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 Richard Gray Lewis

Licensed Embalmer No. 4495

P. O. Address Web City, 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.