

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27829**

FILED AUG 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY <b>Harrison 0411</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>	
c. LENGTH OF STAY (in this place) <b>9 yr.</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Lewis</b> c. (Last) <b>Carter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-11-1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>9-19-1876</b>		9. AGE (In years last birthday) <b>75</b>		10. 1 YEAR OF UNDER 18 HRS. Days <b>10</b> Hours <b>12</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during the major of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Harrison County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Ebenizer B. Carter</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Irene Brightlight Ruth</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Rev. Carter</b> ADDRESS <b>Kansas City, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA PROCTOE.</b>		DUE TO (b) <b>CARDIO-VASCULAR RENAL DIS-</b>				<b>5 yrs.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Diabetes Mellitus -</b>				<b>15 yrs.</b>	
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>-</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<b>177X</b>	
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 **Dec. 26, 1950**, to **Aug. 11, 1952**, that I last saw the deceased alive on **Aug. 11, 1952**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Clara Burris D.O.</b>		23b. ADDRESS <b>Bethany - Missouri.</b>		23c. DATE SIGNED <b>8-14-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>8-14-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Antioch</b>	
24d. LOCATION (City, town, or county) (State) <b>Bethany Mo.</b>					

DATE REC'D BY LOCAL REG. <b>8/15/52</b>		REGISTRAR'S SIGNATURE <b>Zola Burris</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b> ADDRESS <b>Bethany Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 McHale

Licensed Embalmer No. 3899

P. O. Address Bethany, Va.

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.