

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **34773**

FILED OCT 20 1952

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **4206** Registrar's No. **121**

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

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Hampton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Hampton 0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home north part of New Hampton		d. STREET ADDRESS (If rural, give location) Home north part of New Hampton	
3. NAME OF DECEASED (Type or Print) Silace Franklin Carter			4. DATE OF DEATH (Month) (Day) (Year) Oct. 11-1952
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 5 1881
9. AGE (In years) (If under 1 year: Months) (Days) (If under 1 hrs: Hours) (Min.) 70 11 6		11. BIRTHPLACE (State or foreign country) Harrison County Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William K Carter	
13b. MOTHER'S MAIDEN NAME Jane Wilson		14. NAME OF HUSBAND OR WIFE Fannie E Carter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. r	
17. INFORMANT'S SIGNATURE OR NAME Fannie E Carter 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate extending to hip joint on left. INTERVAL BETWEEN ONSET AND DEATH 7 mo. 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.	
19a. DATE OF OPERATION Feb 1952		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate 177X	
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)	
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 Mar , 1952, to Oct 11 , 1952, that I last saw the deceased alive on Oct 10 , 1952, and that death occurred at 5:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE R. L. Green, D.O. (Degree or title)		23b. ADDRESS New Hampton Mo.	
23c. DATE SIGNED 10-12-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Oct 13 1952		24c. NAME OF CEMETERY OR CREMATORY. Kidwell Cemetery	
24d. LOCATION (City, town, or county) (State) Marionville Missouri		25. FUNERAL DIRECTOR'S SIGNATURE W. B. Noble	
DATE REC'D BY LOCAL REG. 10/13/52		REGISTRAR'S SIGNATURE Zola Burris	
25. FUNERAL DIRECTOR'S SIGNATURE W. B. Noble		ADDRESS New Hampton Mo.	

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W H Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.