

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39405

State File No.

FILED DEC 1 1952 REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5711 Registrar's No. 13

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>McDonald</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Elkhorn</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Elkhorn</u> <u>0606</u> | |
| c. LENGTH OF STAY (in this place) <u>80 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>Rocky Comfort, Mo. R#</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print), a. (First) <u>Ida</u> b. (Middle) <u>Carter</u> c. (Last) <u>Carter</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24 52</u> | | | |
| 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 <u>Sept. 9 1867</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u> | IF UNDER 12 HRS. Hours <u></u> Min. <u></u> |
| 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 | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Not Known</u> | 13b. MOTHER'S MAIDEN NAME <u>Not Known</u> | 14. NAME OF HUSBAND OR WIFE <u>John S. Carter Deceased</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>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Leland Carter</u> | | ADDRESS <u>Rocky Comfort, Mo.</u> |
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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 <u>7 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis and Myocarditis</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>593.X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 Nov. 1, 1951, to Nov. 12, 1952, that I last saw the deceased alive on Nov. 12, 1952, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

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|--|---------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Wardell W. ...</u> | 23b. ADDRESS <u>... Mo.</u> | 23c. DATE SIGNED <u>11-26-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-26-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Owsley Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Rocky Comfort, Mo. R#</u> |
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| DATE REC'D BY LOCAL REG. <u>Nov. 26, 1952</u> | REGISTRAR'S SIGNATURE <u>O. E. Plumlee</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Memorial Wheeler</u> | ADDRESS <u>...</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

Wm. Morris Payne

Licensed Embalmer No.

3447

P. O. Address

Wheaton, 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.