

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1918**

FILED FEB 9 1953

BIRTH NO.		REG. DIST. NO. <b>157</b>		PRIMARY REG. DIST. NO. <b>6293</b>		Registrar's No. <b>16</b>		
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage Rt. #2</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage Rt. #2</b>		<b>1490</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sheridan Twn.</b>				d. STREET ADDRESS (If rural, give location) <b>Sheridan Twn.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b>			b. (Middle) <b>Leroy</b>		c. (Last) <b>Carter</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 28 1953</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>6-13-1892</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR: Months Days Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cartersville Mo. Rt. #1</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>J. W. Carter</b>			13b. MOTHER'S MAIDEN NAME <b>Lida Allington James</b>		14. NAME OF HUSBAND OR WIFE <b>Leona Mayfield Carter</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If you, give war or dates of service) <b>490-32-8023</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Leona Carter Carthage, Mo.</b>				
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) <b>Traumatic Asphyxiation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Severe Compression of Chest</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E9121 3</b>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>049</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Carthage Rt. #2 Jasper Missouri</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1 28 1953 3 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Tractor Turned over</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3</b> p. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree of title) <b>George Hickman, Sheriff Jasper County Carthage, Mo.</b>				23b. ADDRESS		23c. DATE SIGNED <b>1/29/53</b>		
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-31-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fasken Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage Missouri</b>		
DATE RECD BY LOCAL REG. <b>1-30-53</b>		REGISTRAR'S SIGNATURE <b>L. B. Clinton, MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ulmer Funeral Home</b>		ADDRESS <b>Carthage, Mo.</b>		

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

**0490**  
**1**

RECEIVED 2-5-53  
Jasper County Health Office

County File Number 53/2/127

Date Filed 2-6-53

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 William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carters, 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.