

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEWISTOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LA BELLE</u>	
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXX</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTH SIDE TOWN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE JANE CARTER</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 10 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV. 26, 1882</u>	9. AGE (in years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days <u>1 14</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 <u>XXXXXXXX</u>	11. BIRTHPLACE (State or foreign country) <u>SHELBY CO., MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>NORMAN HUMPHREY</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET ALICE JOHNSON</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN W. CARTER</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> <u>XXXXXXXX</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>OPAL RUNQUIST TOLONA, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		Years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High blood pressure</u> 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	19b. MAJOR FINDINGS OF OPERATION <u>334x</u>		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)	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. 31, 1952, to Jan. 10, 1953, that I last saw the deceased alive on Jan. 10, 1953, and that death occurred at 5:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry L. M. Crocker</u> (Degree or title) <u>D. O.</u>		23b. ADDRESS <u>La Belle, Missouri</u>		23c. DATE SIGNED <u>1/11/53</u>
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/13/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEWARK</u>	24d. LOCATION (City, town, or county) (State) <u>NEWARK, MO.</u>	

DATE REC'D BY LOCAL REG. <u>1-13-53</u>	REGISTRAR'S SIGNATURE <u>P.W. Jennings M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Arnold Sr.</u>	ADDRESS <u>LEWISTOWN, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

560
1

FEB 19 1953

JAN 27 1953

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 Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.