

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4854

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY <p align="center">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Harrison</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">St. Joseph</p>		c. LENGTH OF STAY (In this place) <p align="center">4 days</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Bethany</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Missouri Methodist Hospital</p>				d. STREET ADDRESS <p align="center">/</p> (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p align="center">Myrtle</p>	b. (Middle) <p align="center">Lee</p>	c. (Last) <p align="center">Carter</p>	(Month) <p align="center">February</p>	(Day) <p align="center">11,</p>	(Year) <p align="center">1953</p>
5. SEX <p align="center">female</p>	6. COLOR OR RACE <p align="center">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">married</p>	8. DATE OF BIRTH <p align="center">November 29, 1887</p>	9. AGE (In years last birthday) <p align="center">65</p>	IF UNDER 1 YEAR Months Days <p align="center">/</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">own home</p>	11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Missouri U</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>

13a. FATHER'S NAME <p align="center">Valentine Van Hoozer</p>	13b. MOTHER'S MAIDEN NAME <p align="center">unk.</p>	14. NAME OF HUSBAND OR WIFE <p align="center">Charles O.</p>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no</p>	16. SOCIAL SECURITY NO. <p align="center">none</p>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p align="center">Charles O. Carter, Bethany, Missouri</p>

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		INTERVAL BETWEEN ONSET AND DEATH <p align="center">?</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Lymphoma (lympho-sarcoma)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary embolus</u> DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p align="right">2001</p>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 June 12, 1951, to Feb 11, 1953, that I last saw the deceased alive on Feb 11, 1953, and that death occurred at 11:55a m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">S. S. Lenon</p>	(Degree or title) <p align="center">M.D.</p>	23b. ADDRESS <p align="center">St. Joseph Mo.</p>	23c. DATE SIGNED <p align="center">2-11-53</p>
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Removal</p>	24b. DATE <p align="center">2/11/1953</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">New Hampton, Missouri</p>	24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. <p align="center">Feb 19, 1953</p>	REGISTRAR'S SIGNATURE <p align="center">Carl C. Casper</p>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p align="center">Hector Bowma Funeral Home St. Joseph, Mo.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
v. 10.48

FILED FEB 24 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

James B. Hawkins

Licensed Embalmer No. 4531

P. O. Address 319 E 10th St. Grand

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.