

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

**13247**

State File No. ....

FILED APR 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>38</u>	PRIMARY REG. DIST. NO. <u>3006</u>	Registrar's No. <u>107</u>
1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> <u>0105</u>		
c. LENGTH OF STAY (in this place) <u>39 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>717 Gentry</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>717 Gentry</u>		3. NAME OF DECEASED a. (First) <u>Althea</u> b. (Middle) <u>JANE</u> c. (Last) <u>CARTER</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1953</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Aug. 29, 1877</u>
9. AGE (In years) (last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>Auxvasse Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Yates</u>		13b. MOTHER'S MAIDEN NAME <u>MARY F. GOOLDY</u>		14. NAME OF HUSBAND OR WIFE <u>EM 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>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>PROCTOR N. CARTER</u>
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) <u>myocardial insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary artery</u> DUE TO (c) <u>arteriosclerosis</u> 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		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) <u>4201</u>
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 <u>Feb. 14, 1947</u> , to <u>Apr. 15, 1953</u> , that I last saw the deceased alive on <u>Apr. 15 1953</u> , and that death occurred at <u>7 Am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Ink or title) <u>James R. Palmer</u>		23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>Apr. 15, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 17, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Columbia</u>
24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin General Home</u>		
DATE REC'D BY LOCAL REG. <u>April 15 1953</u>		REGISTRAR'S SIGNATURE <u>Miss R.E. Palmer</u>		ADDRESS <u>Fulton, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

5

**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

*Glen Y. Maupin*

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.