

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13754**

FILED APR 29 1953/1162

BIRTH NO. _____		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 549		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, R. Benton		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, Rural Benton			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Route 2 0340			
3. NAME OF DECEASED (Type or Print)		a. (First) Jackie Lee Carter		b. (Middle)		c. (Last)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 1-13-53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Bill Carter		13b. MOTHER'S MAIDEN NAME Pauline Turner		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Congenital Heart				INTERVAL BETWEEN ONSET AND DEATH 7 Bills	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 75-44				20. AUTOPSY? YES <input 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ A.m., from the causes and on the date stated above.							
23a. SIGNATURE M. C. Herty		23b. ADDRESS Ava, Mo.		23c. DATE SIGNED 3-20-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-29-53		24c. NAME OF CEMETERY OR CREMATORY Murray		24d. LOCATION (City, town, or county) (State) Ava, Missouri	
DATE REC'D BY LOCAL REG. 4-20-53		REGISTRAR'S SIGNATURE Vestal Bushman		25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home, Ava, Mo.			

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

340
1

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 R. Fish

Licensed Embalmer No. *4662*

P. O. Address *Ava, 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.