

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13845

State File No. _____

5. No. 300
v. 10.48

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 401

1396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield <u>1396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 524 E. Grand		d. STREET ADDRESS (If rural, give location) 524 E. Grand <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) EFFUS b. (Middle) CARTER c. (Last) CARTER			4. DATE OF DEATH (Month) (Day) (Year) April 19 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 13 Jan. 1887
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Hardware	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J. D. Carter		13b. MOTHER'S MAIDEN NAME Mary McMurtrey	14. NAME OF HUSBAND OR WIFE Jessie Carter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-03-5738	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie Carter Springfield, Mo.
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>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>sev. min.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic Heart Dis.</u> <u>Yes.</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	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) 4200
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>4-18, 1953</u> to <u>4-19, 1953</u> that I last saw the deceased alive on <u>4-18, 1953</u> , and that death occurred at <u>4:00a.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edith Wellman M.D.</u>		23b. ADDRESS <u>Springfield Mo.</u>	23c. DATE SIGNED <u>4-20-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/21/53	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield Mo.
DATE REC'D BY LOCAL REG. 4-22-53	REGISTRAR'S SIGNATURE <u>Edith Wellman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. KLINGNER & CO. Springfield, Mo.	

APR 28 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 _____

May Rhodes
Licensed Embalmer No. 4071
P. O. Address Pring Junction

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.