

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15337**

FILED MAY 5 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4447 Registrar's No. 36

890  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Henrietta</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Henrietta</u> <u>0890</u>	
c. LENGTH OF STAY (In this place) <u>20 years</u>		d. STREET ADDRESS (If rural, give location) <u>Seventh Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Seventh Street</u>		e. STREET ADDRESS <u>Seventh Street</u>	

3. NAME OF DECEASED (Type or Print) <u>PARIS</u>	a. (First) <u>PARIS</u>	b. (Middle) <u>McKINNEY</u>	c. (Last) <u>CARTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 11, 1876</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>B.F. Carter</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Bray</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle (Johnson) Carter</u>
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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. <u>496-09-6199</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Paris Carter, Henrietta, Mo.</u>	ADDRESS <u>Henrietta, Mo.</u>
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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 <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis 5 years ago.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from 4/23/1953, to 4/26/1953, that I last saw the deceased alive on 4/26/1953, and that death occurred at 5 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ben H. Brasher M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Lexington, Missouri</u>	23c. DATE SIGNED <u>4/29/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-28-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 28, 1953</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas G. Carter</u>	ADDRESS <u>Richmond, Mo.</u>
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**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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.