V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16763

State File No. .....

ILED APR 24 1953

BIRTH NO. _____ REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 4492 Registrar's No. 7

1000
1

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

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ORAN
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ORAN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ORAN 1000
d. STREET ADDRESS (If rural, give location): ORAN 8

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): NEWTON
c. (Last): CARTER

4. DATE OF DEATH (Month) (Day) (Year): APRIL 11 1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED /
8. DATE OF BIRTH: APRIL 3 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): MELBURN KENTUCKY /
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: ALEC CARTER
13b. MOTHER'S MAIDEN NAME: ELIZABETH JANE DOTSON
14. NAME OF HUSBAND OR WIFE: ELIZABETH CARTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: EARLIE CARTER CAPE GIRARDEAU, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH: 3 WKS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS, NEPHROSIS, BRONCHIAL ASTHMA, ATELECTASIS — 15-20 YRS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ACUTE CYSTITIS — 2 DAYS

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: NONE 2/221
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NATURAL
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* SEPT, 1951, *to* APRIL 10, 1953, *that I last saw the deceased alive on* APRIL 10, 1953, *and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. J. Mosebach, D. O.
23b. ADDRESS: Chaffee, Mo.
23c. DATE SIGNED: 4-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 13 1953
24c. NAME OF CEMETERY OR CREMATORY: OLD MORLEY CEMETERY
24d. LOCATION (City, town, or county) (State): MORLEY SCOTT COUNTY MO.

DATE REC'D BY LOCAL REG.: 4-20-53
REGISTRAR'S SIGNATURE: Mrs Fred Bisplinghoff 445
25. FUNERAL DIRECTOR'S SIGNATURE: Earl J. Smith
ADDRESS: ORAN, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-21-53
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 453-95
RECEIVED
SCOTT COUNTY HEALTH CENTER

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 Earl J. Smith
Licensed Embalmer No. 3676
P. O. Address Cross, 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.