

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>6108</u>		Registrar's No. <u>25</u>									
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>											
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Tipton Twp</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Tipton Twp (Rural)</u>											
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0990</u>											
3. NAME OF DECEASED (Type or Print) <u>JOSEPH CLAUD CARTER</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>April 15 1886</u>		9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>15</u>		11. HOURS <u>15</u>		12. MINUTES <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland Co</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Joseph Carter</u>				13b. MOTHER'S MAIDEN NAME <u>Melissa Palmer</u>				14. NAME OF HUSBAND OR WIFE <u>Berta Carter</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>Berta Carter</u>				ADDRESS <u>Memphis Mo</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>Acute Aneurysm</u> ANTECEDENT CAUSES <u>Nephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION  <u>593x</u>								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)									
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											
22. I hereby certify that I attended the deceased from <u>June 19, 1952</u> , to <u>April 30, 1953</u> , that I last saw the deceased alive on <u>April 30, 1953</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) <u>E. E. Summers D.O.</u>						23b. ADDRESS <u>Memphis Mo</u>				23c. DATE SIGNED <u>May 7 53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 3 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memphis Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Memphis Mo</u>							
DATE REC'D BY LOCAL REG. <u>5/14/53</u>		REGISTRAR'S SIGNATURE <u>Vera S. Turner</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Berta Backus</u>				ADDRESS <u>Memphis Mo</u>					

JUN 8 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 Albert C. Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis, 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.