

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24158

State File No.

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4081 Registrar's No. 4

0170
1

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

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Bosworth</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Bosworth</u> <u>0170</u> OR TOWN <u>0</u> | |
| c. LENGTH OF STAY (in this place) <u>13 years</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>EVERETT</u> c. (Last) <u>CARTER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 7 - 1953</u> |
| 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>July 27 - 1877</u> |
| 9. AGE (In years last birthday) <u>76</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Bogard, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Smith Carter</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mattie Hatcher</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mrs Everett Carter</u> | | 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>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Everett Carter Bosworth, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CIRCULATORY FAILURE</u> ANTECEDENT CAUSES DUE TO (b) <u>DECOMPENSATED HYPERTENSIVE HEART DISEASE</u> DUE TO (c) <u>Arteriosclerosis</u> <u>43X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Feeding Problem, Adv. age</u> | |
| INTERVAL BETWEEN ONSET AND DEATH <u>Few Min.</u> | | Unknown | |
| Unknown | | Unknown | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>X X X X</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XX</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XX</u> | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X X X</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XX</u> | | 21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>X X X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan. 1</u> , 19 <u>52</u> , to <u>July 7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 7</u> , 19 <u>53</u> , and that death occurred at <u>9:10 a. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Robert N. Clarke 2 D. O.</u> | | 23b. ADDRESS <u>Bosworth, Missouri</u> | |
| 23c. DATE SIGNED <u>July 8, 1953</u> | | | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Aug 9 - 1953</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bogard, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug 8 - 1953</u> | | REGISTRAR'S SIGNATURE <u>Pearl Koch 47</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Leipard & Edwards</u> | | ADDRESS <u>Bosworth Mo.</u> | |

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 David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bonwith W

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.