

STANDARD CERTIFICATE OF DEATH

State File No. **27708**

FILED AUG 31 1953

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>221</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Boone</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Columbia</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Boone</u>	
c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Noyes Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>208 Westmount</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GEORGIA</u>		b. (Middle) <u>LILLIAN</u>		c. (Last) <u>CARTER</u>	
4. DATE OF DEATH		(Month) <u>August</u>		(Day) <u>21</u>		(Year) <u>1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>3 Divorced</u>		8. DATE OF BIRTH <u>March 26, 1888</u>	
9. AGE (In years last birthday) <u>65</u>		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) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Steelville, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Wilson Haley</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Edgar Carter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Howard T. Musick, Webster Groves, 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INSUFFICIENCY</u>		DUE TO (b) <u>HYPERTENSION OF LESSER CIRCULATION</u>				<u>3 WKS</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>PULMONARY FIBROSIS</u>				<u>15 YRS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>20 YRS</u>	
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) <u>525X</u>		(COUNTY) _____ (STATE) _____	
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>8-10</u> , 19 <u>53</u> , to <u>8-21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-21</u> , 19 <u>53</u> , and that death occurred at <u>11:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Jens B. Walters, M.D.</u> (Degree or title)				23b. ADDRESS <u>417 Quinter Bldg, Columbia, Mo</u>		23c. DATE SIGNED <u>8-22-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Aug 24, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 24 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. G. Palmer</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service, Columbia Mo</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 21 1953

SEP 3 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
Signature of Student Embalmer

Signed *JWR Phillips*
Licensed Embalmer No. *4897*

P. O. Address *Columbia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.