

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30742

State File No. _____

FILED SEP 8 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>4482</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Scottland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution) a. STATE <u>Mo</u> b. COUNTY <u>Scottland</u>			
b. CITY OR TOWN <u>Memphis</u>		c. LENGTH OF STAY (In this place) <u>days</u>		c. CITY OR TOWN <u>Memphis</u>		d. STREET ADDRESS (If rural, give location) <u>0990</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Jordney</u> c. (Last) <u>Carter</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 2 - 1953</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Feb 7 - 1867</u>	
9. AGE (In years) <u>91</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Scottland Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Jackson Jordney</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa</u>		14. NAME OF HUSBAND OR WIFE <u>L. C. Carter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>G. F. Carter</u> ADDRESS <u>Memphis</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>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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>10 yrs</u> <u>15 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) (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 1, 1940</u> , to <u>Sept 2, 1953</u> that I last saw the deceased alive on <u>Sept 2, 1953</u> , and that death occurred at <u>10 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>AM Keel</u> (Degree or title)				23b. ADDRESS <u>Memphis Mo</u>		23c. DATE SIGNED <u>9-5-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 6 - 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		24d. LOCATION (City, town, or county) (State) <u>Scottland Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/5/53</u>		REGISTRAR'S SIGNATURE <u>Vera G. Turner</u>		475		25. GENERAL DIRECTOR'S SIGNATURE <u>Robert</u> ADDRESS	

(Licensed Embalmers' Statements on Reverse Side)

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

No. 306
10-48

990

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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis

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.