

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31286**

FILED OCT 5 1953

BIRTH NO. _____		REG. DIST. NO. <u>70</u>		PRIMARY REG. DIST. NO. <u>5286</u>		Registrar's No. <u>60</u>			
1. PLACE OF DEATH a. COUNTY <u>Clark</u>				2. USUAL RESIDENCE (Where deceased lived. If different from residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Clark</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Luray</u>		c. LENGTH OF STAY (in this place) <u>Always</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Luray</u>		d. STREET ADDRESS (If rural, give location) <u>0230</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wyandonda</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>Anna</u>			a. (First)		b. (Middle)		c. (Last) <u>Carter</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27-1953</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Jan 5-1878</u>	
9. AGE (In years, last birthday) <u>75</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Clark Co Mo</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>Marion Christy</u>			13c. MOTHER'S MARDEN NAME <u>Unknown</u>			13b. NAME OF HUSBAND OR WIFE <u>Robt. 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 <u>Grace M. Smith 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>Heart Block</u>  ANTECEDENT CAUSES 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>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE WOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4330</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>May 1, 1953</u> , to <u>Sept 27, 1953</u> , that I last saw the deceased alive on <u>Sept 25, 1953</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>B. F. Hutchinson C.O.</u>				23b. ADDRESS <u>Wyandonda Mo</u>				23c. DATE SIGNED <u>9-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Combs</u>		24d. LOCATION (City, town, or county) (State) <u>Luray Mo</u>			
DATE REC'D BY LOCAL REG. <u>9/30-53</u>		REGISTRAR'S SIGNATURE <u>J. H. Ridgely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gert H. Skellett</u>		ADDRESS <u>Memphis Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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MART

NOV 14 1939

**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. Gertz

Licensed Embalmer No. 4257

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.