

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **38753**

FILED DEC 7 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1067**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Greene		a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give town or township) Springfield,		c. CITY OR TOWN Halfway	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 12 hours		e. STREET ADDRESS (If rural, give location) 0840 7 mi. Northwest of Halfway	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Springfield Baptist Hospital			

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) William	b. (Middle) Edward	c. (Last) Carter	(Month) November	(Day) 26,	(Year) 1953

5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6, 1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 5 Days 20	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="radio"/> Polk county, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Oliver Benton Carter	13b. MOTHER'S MAIDEN NAME Mary Marsh	14. NAME OF HUSBAND OR WIFE Lola Carter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME Lola Carter	ADDRESS Halfway, Missouri
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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) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis with Occlusion DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 26 Nov, 1953, to Only, 19 , that I last saw the deceased alive on 26 Nov, 1953, and that death occurred at 11:10 pm., from the causes and on the date stated above.

23a. SIGNATURE <i>Stanley S. Peterson M.D.</i>	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 27 Nov 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 27, 1953	24c. NAME OF CEMETERY OR CREMATORY Star Cemetery	24d. LOCATION (City, town, or county) (State) North of Goodson, Missouri
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DATE REC'D BY LOCAL REG. 12-1-53	REGISTRAR'S SIGNATURE <i>Earl Williams</i>	25. FUNERAL DIRECTOR'S SIGNATURE Erwin-Blue Funeral Home	ADDRESS Bolivar, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Lewis G. Scharpf

Licensed Embalmer No.....
380

P. O. Address.....
Springfield

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.