

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

State File No. **9759**  
Registrar's No. **440**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **6044**

1. PLACE OF DEATH a. COUNTY <b>RIPLEY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RIPLEY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DONIPHAN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - PINE Twp.</b>	
c. LENGTH OF STAY (In this place) <b>3 WKS.</b>		d. STREET ADDRESS (If rural, give location) <b>PINE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>301 VINE ST.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>VETTIE</b> b. (Middle) <b>OPAL</b> c. (Last) <b>CARTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 23-1954</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 17-1908</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>PINE - MISSOURI</b>	
13a. FATHER'S NAME <b>GEO. H. MILLER</b>			13b. MOTHER'S MAIDEN NAME <b>MARY LUCAS</b>		14. NAME OF HUSBAND OR WIFE <b>GEORGE CARTER</b>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>BESSIE TIPTON - DONIPHAN, Mo</b>			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Sub-metastases of Breast tumor Rt.</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Removal of Stomach</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE (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) m.	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 **26 Jan, 1954**, to **27 Mar, 1954**, that I last saw the deceased alive on **22 Mar, 1954**, and that death occurred at **4:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. A. Edwards M.D.</b>	(Degree or title)	23b. ADDRESS <b>321 Oak Point Bluff Dr</b>	23c. DATE SIGNED <b>29 Mar 54</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3/24/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PINE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>PINE - MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>3-31-54</b>	REGISTRAR'S SIGNATURE <b>Ed Johnston</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>EDWARDS FUNERAL HOME</b>	ADDRESS <b>DONIPHAN - Mo.</b>

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

No. 300  
10.48  
910  
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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 Gene Harvett

Licensed Embalmer No. 4809

P. O. Address Noniphan, Md

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.