

FILED JUN 24 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 19650

BIRTH NO. 17089-54 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5043 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY <b>Marion.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Halls,</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal, Missouri.</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perry, Missouri.</b>		d. STREET ADDRESS (If rural, give location) <b>0870</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital.</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>			b. (Middle) <b>Martin</b>		c. (Last) <b>Carter</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 4, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child</b>		8. DATE OF BIRTH <b>April 4, 1954</b>		9. AGE (In years last birthday) <b>12</b>	IF UNDER 1 YEAR Months Days <b>12</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Child</b>		11. BIRTHPLACE (State or foreign country) <b>Hannibal, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Memorial Carter</b>			13b. MOTHER'S MAIDEN NAME <b>Virginia Shoemate</b>		14. NAME OF HUSBAND OR WIFE <b>Child</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 <b>Memorial Carter</b>		ADDRESS <b>Perry, Mo.</b>			
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>Cerebral Stenocirculation</b>				INTERVAL BETWEEN ONSET AND DEATH <b>See history</b>	
				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.					
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) <b>7600</b>					
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 <b>Apr 4, 1954</b> to <b>Apr 4, 1954</b> that I last saw the deceased alive on <b>Apr 4, 1954</b> and that death occurred at <b>4:00 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>A. H. ... M.D.</b>				23b. ADDRESS <b>Hannibal, Mo.</b>		23c. DATE SIGNED <b>6-14-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-5-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lickcreek Cemetary</b>		24d. LOCATION (City, town, or county) (State) <b>Perry, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>6/16/54</b>		REGISTRAR'S SIGNATURE <b>Dr. G. M. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas. E. ...</b>		ADDRESS <b>Perry, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 22 1956  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 22 1956

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 Clyde W. Wiley

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri

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.