

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29516**

FILED AUG 30 1954

BIRTH NO. _____ REG. DIST. NO. **419333** PRIMARY REG. DIST. NO. **4491** Registrar's No. **124**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, write RURAL and give township) Diehlstadt		c. CITY (If outside corporate limits, write RURAL and give township) Charleston (Rural)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 55		d. STREET ADDRESS (If rural, give location) Route 2, Box 31	

3. NAME OF DECEASED (Type or Print) Willie		a. (First) Willie	b. (Middle) C.	c. (Last) Carter	4. DATE OF DEATH (Month) (Day) (Year) August 3, 1954	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 13, 1932	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months 7 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Diehlstadt, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clemmie Carter		13b. MOTHER'S MAIDEN NAME Cora Bryant		14. NAME OF HUSBAND OR WIFE Minnie Ethel Carter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-38-8026		17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Ethel Carter, R.2, Charleston, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) .12 guage shot gun blast at close range 1 inch to rt of epigastrium at margin.			costal about 3 min.
	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 E981x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #55		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1 1/2 S.E. Diehlstadt Scott Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 3, 1954 4:00P m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot during argument.	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **about 4Pm.** from the causes and on the date stated above.

23a. SIGNATURE Thelma C. Buckner		(Degree or title) M.D. Health Officer		23b. ADDRESS Benton, Mo.		23c. DATE SIGNED 8/6/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 7, 1954		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Missouri	
DATE REC'D BY LOCAL REG. 8-20-54		REGISTRAR'S SIGNATURE W. C. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks		ADDRESS Charleston, Mo.	

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

DATE RECEIVED AUG 23 1954
SCOTT CO. HEALTH DEPT.
CO. FILE No. 852-180

OCT 22 1951

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 Frank Sparks

Licensed Embalmer No. 3455-

P. O. Address Pepe Guardian mi

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.