

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31489

FILED OCT 13 1954

State File No. ....

REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY OR TOWN <b>Moberly</b>		c. CITY OR TOWN <b>Higbee</b>	d. Is Residence within limits of a city or incorporated town? <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>7 days</b>		f. STREET ADDRESS (If rural, give location) <b>none</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCormick Hosp. Cl.</b>		g. ADDRESS <b>0880</b>	
3. NAME OF DECEASED a. (First) <b>CAROLINE</b> b. (Middle) <b>ELIZABETH</b> c. (Last) <b>CARTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 2 54</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>don't know</b>
9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>house work</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Simon Carter</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Williams</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hazel Richardson</b> ADDRESS <b>Higbee Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>come left</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Failure</b>			—
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <b>Anesthesia</b> <b>4343</b>			
DUE TO (c) <b>Cardiac De-compensation</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio sclerosis - hypertension</b>			<b>heart clin.</b>
19a. DATE OF OPERATION <b>10-2-54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Fracture of surgical neck of rt. humerus</b>		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.) <b>home</b>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <b>Higbee Randolph Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9 24 54 2 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell in home</b>
22. I hereby certify that I attended the deceased from <b>7-2, 1954</b> , to <b>10-2, 1954</b> , that I last saw the deceased alive on <b>10-2, 1954</b> , and that death occurred at <b>10:20 AM</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Per J. Robinson</b>		23b. ADDRESS <b>Higbee Mo.</b>	23c. DATE SIGNED <b>10-2-54</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct 4-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sandy Hook</b>	24d. LOCATION (City, town, or county) (State) <b>So. of Higbee Mo</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Oct 4-54</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H S Roberson Higbee Mo</b>	

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 *N. S. Peterson*.....

Licensed Embalmer No. *300*

P. O. Address *Higley*.....

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.