

33046

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED OCT 25 1954

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. A100	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Clinton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (If this place) 12 hrs.		c. CITY OR TOWN CAMERON		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ms. Meth. Hosp.				e. STREET ADDRESS (If rural, give location) 102 S. Cherry St			
3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Beatrice c. (Last) CARTER			4. DATE OF DEATH (Month) (Day) (Year) Oct. 20 - 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Sept. 28, 1901	
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) New Hampton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME G. L. Chabough		13b. MOTHER'S MAIDEN NAME Nancy Sherwood		14. NAME OF HUSBAND OR WIFE T. S. CARTER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS T. S. CARTER Cameron, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Coronary Thrombosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 hrs 30 hrs	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 10-19 , 1954, to 10-20 , 1954, that I last saw the deceased alive on 10-19 , 1954, and that death occurred at 7:00 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE W. J. Barke		(Degree or title) M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 10-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-22-54		24c. NAME OF CEMETERY OR CREMATORY Foster Cemetery		24d. LOCATION (City, town, or county) (State) New Hampton, Mo.	
DATE REC'D BY LOCAL REG. Oct 22, 1954		REGISTRAR'S SIGNATURE Kathryn M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS De Mass Creek, Cameron, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 25 1955

JUN 17 1955

JUN 17 1955

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 *William G. Bank*

Licensed Embalmer No. *25...*

P. O. Address *Bemus*

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.