

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

38214

State File No.

NO. 300
10-48

FILED DEC 2 1954

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Demiseat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Demiseat</u>	
b. CITY OR TOWN <u>Hays</u>	c. LENGTH OF STAY (in this place) <u>rural</u>	c. CITY OR TOWN <u>Hays</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Rt 1 Box 519</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ida</u>	b. (Middle)	c. (Last) <u>Carter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-3-54</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6-15-1892</u>	9. AGE (In years last birthday) <u>62</u>	if UNDER 18: Months <u>4</u> Days <u>18</u>	if UNDER 18: Hours _____ Mins _____
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10a. USUAL OCCUPATION (Give kind of work doing which most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby Co Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Will Carter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>N</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Will Carter</u>	ADDRESS <u>Hays Mo Rt 1</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C.V. disease</u> DUE TO (c) <u>Cerebral accident</u>		<u>1 yr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4 mos</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural (Hays) Demiseat Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	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 May 15, 1954 to 11-3-, 1954, that I last saw the deceased alive on 7-23-, 1954, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>D. W. Cook M.D.</u>	23b. ADDRESS <u>Carruthersville, Mo.</u>	23c. DATE SIGNED <u>11-8-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Carruthersville Mo</u>
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DATE REC'D BY LOCAL REG <u>11-12-54</u>	REGISTRAR'S SIGNATURE <u>John W. German</u>	466-0	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>German and Co. Steub Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

180

11-278-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CAROTHERSVILLE, MO.

DEC 1 1954

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 *John A. German*

Licensed Embalmer No. *4350*
P. O. Address *Wright, Mo.*

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.