

FILED JAN 18 1955

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1586

BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 3034		Registrar's No. 2			
1. PLACE OF DEATH a. COUNTY Lafayette 0541				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville 0541					
d. FULL NAME OF HOSPITAL OR INSTITUTION 26th & Lipper /				d. STREET ADDRESS (If rural, give location) 26th & Lipper 0					
3. NAME OF DECEASED (Type or Print) SAM			a. (First)		b. (Middle)		c. (Last) Carter		
4. DATE OF DEATH		(Month) Jan		(Day) 4		(Year) 1955			
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH ?		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Blackburn, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Mose Carter			13b. MOTHER'S MAIDEN NAME Tilda Berry			14. NAME OF HUSBAND OR WIFE			
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. 500-10-5417		17. INFORMANT'S SIGNATURE OR NAME Dan Carter		ADDRESS Blackburn, 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) Paralytic Hemiplegia ANTECEDENT CAUSES F and dead. Contused laceration of forehead 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.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION M. surgery						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home		21c. (CITY, TOWN, OR TOWNSHIP) Higginsville		(COUNTY) Lafayette		(STATE) Mo	
21d. TIME OF INJURY About Jan 4, 1955		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR Direct Violence, method unknown					
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 _____ m., from the causes and on the date stated above.									
23a. SIGNATURE W. W. Martin M.D. Coroner 2				23b. ADDRESS Odessa Mo		23c. DATE SIGNED 1-11-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 8, 1955		24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery		24d. LOCATION (City, town, or county) Alma, Mo.		(State)	
DATE REC'D BY LOCAL REG. Jan 12-1955		REGISTRAR'S SIGNATURE Clayton H. Landrum 154		25. FUNERAL DIRECTOR'S SIGNATURE W. Baker Higginsville, Mo.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Roy F. Wiegner*

Licensed Embalmer No. *2883*

P. O. Address *199 mville M*

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.