

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1885  
Registrar's No. 58

|  |  |  |  |   |  |  |   |   |  |
|--|--|--|--|---|--|--|---|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 251   |  | PRIMARY REG. DIST. NO. 3048   |  | Registrar's No. 58   |   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Nodaway</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b> |  |  |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Maryville</b>   |  | c. LENGTH OF STAY (in this place)<br><b>1 wk.</b>  |  | c. CITY OR TOWN <b>Maryville</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>  |  |  |  | No. STREET ADDRESS (If rural, give location) <b>303 West Second</b> 07428   |  |  |   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>CHESTER</b>   |  |  | b. (Middle) <b>A.</b>                                |   | c. (Last) <b>CARTER</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>1 17 55</b> |   |  |
| 5. SEX <b>Male 0</b>   |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   |  | 8. DATE OF BIRTH <b>5/9/82</b>   |   | 9. AGE (In years last birthday) <b>72</b><br>IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-retired</b>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b> |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Burlington Jct., Mo. 0</b>   |  |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |
| 13a. FATHER'S NAME <b>William Carter</b>   |  |  | 13b. MOTHER'S MAIDEN NAME <b>Margaret Shelton</b>    |   |  | 14. NAME OF HUSBAND OR WIFE <b>Minnie Anderson Carter</b>  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>   |  |  | 16. SOCIAL SECURITY NO. _____                        |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. C. A. Carter, Maryville, Mo.</b> |  |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                          |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary occlusion</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>chronic cardio-vascular and disease</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |  |   |   |  |
| 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) <b>4201</b>   |  |  |   |   |  |
| 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 <b>Dec 1954</b> to <b>Jan. 17, 1955</b> , that I last saw the deceased alive on <b>Jan 16, 1955</b> , and that death occurred at <b>3 P. m.</b> , from the causes and on the date stated above. |  |  |  |   |  |  |   |   |  |
| 23a. SIGNATURE (Degree or title) <b>H. C. Bauman M. D.</b>   |  |  |  | 23b. ADDRESS <b>Maryville, Missouri</b>   |  | 23c. DATE SIGNED <b>1/24/55</b>  |   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>  |  | 24b. DATE <b>1/20/55</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>   |   |   |  |
| DATE REC'D BY LOCAL REG. <b>1-29-55</b>  |  | REGISTRAR'S SIGNATURE <b>Beas Holt</b> 229   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Price Funeral Home, Maryville, Mo.</b>  |  |  |   |   |  |

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

JAN 21 1913

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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 *Curtis E. Kenisly*

Licensed Embalmer No. *493*

P. O. Address *Maryville*

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.