

FILED APR 20 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12377

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City Mo</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>		c. CITY OR TOWN <u>Joplin Mo.</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 <u>Jane Chinn Hospital</u>				STREET ADDRESS (If rural, give location) <u>R.R. 3</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Cole</u> c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 30 1955</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 10 1879</u>			
9. AGE (In years last birthday) Months Days <u>75 8 20</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Siloam Springs Ark. U.S.A</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>JAMES CARTER</u>		13b. MOTHER'S MAIDEN NAME <u>No Data</u>		14. NAME OF HUSBAND OR WIFE <u>Cordeia Carter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William V. Carter Compton Calif</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>WITH Septic spleen</u> <u>Cloudy swelling liver</u> <u>Cloudy swelling of kidneys</u> DUE TO (c) <u>Hypertrophied heart</u> <u>Calcified aortic ring &amp; cusps</u> <u>Dyspnea Right lung ESI/64</u>					
II. OTHER SIGNIFICANT CONDITIONS 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 checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Henry bb Webb City</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Webb City of Jasper Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 21 55 10:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car collision at intersection</u>					
22. I hereby certify that I attended the deceased from <u>and not attend</u> , 19 <u>55</u> , 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 <u>Lowell M. Brown</u>				23b. ADDRESS <u>East 1st &amp; Bell Joplin</u>		23c. DATE SIGNED <u>4/13/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Apr 1 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARL Junction Cem</u>		24d. LOCATION (City, town, or county) (State) <u>JARL Junction MO</u>			
DATE REC'D BY LOCAL REG. <u>4-14-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JOHNSTON-ARNO - SIMPSON</u>		ADDRESS <u>MORTUARY</u>			

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

No. 300

10-48

County File Number  
Date Filed APR 1 9 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.....  
*Harvey E. Amundson*

Licensed Embalmer No. 446  
P. O. Address *W.H. City*

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.