

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12616

State File No. _____

Registrar's No. 86

No. 300
10.48

FILED MAY 5 1955

5926

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. <u>86</u>				
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Middle Fork</u>			c. LENGTH OF STAY (in this place) <u>4 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon (Rural Middle Fork)</u>			d. STREET ADDRESS (If rural, give location) <u>R.F.D. Macon</u> <u>0610</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. Macon</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Bradley</u> c. (Last) <u>Carter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 19 1955</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>May 17, 1889</u>		9. AGE (In years) (If under 1 year last birthday) (If under 24 hours) (Specify) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Worker</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Samuel Morris</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Maitland</u>			14. NAME OF HUSBAND OR WIFE <u>Dec.</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. <u>330-22-3238</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth C. Burnette</u>				ADDRESS <u>Macon, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u> <u>5 years</u> <u>5 years</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <u>331X</u> 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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>December 1951</u> , to <u>April 19, 1955</u> , that I last saw the deceased alive on <u>April 19, 1955</u> , and that death occurred at <u>2:20 p.m.</u> , from the causes and on the date stated above.												
23a. SIGNATURE <u>W. Carroll</u> (Name or title) <u>2 D.D. Macon, Missouri</u>				23b. ADDRESS <u>Macon, Missouri</u>				23c. DATE SIGNED <u>4/20/55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 23, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forrest Home Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Forrest Park Ill.</u>						
DATE REC'D BY LOCAL REG. <u>4/24/55</u>		REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u> <u>195</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Lester Sutton</u>				ADDRESS <u>Macon, Mo.</u>				

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

RECEIVED 5. 3. 55
MACON COUNTY HEALTH DEPARTMENT
County File No. 5. 55. 63
Date Filed 5. 4. 55

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
Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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 this body is not embalmed, fact should be so stated above.