

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17315**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1011</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grover</u>		c. LENGTH OF STAY (In this place) <u>30Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grover</u>		d. STREET ADDRESS (If rural, give location) <u>Taylor Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TAYLOR AVE</u>				d. STREET ADDRESS (If rural, give location) <u>Taylor Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Isiah</u> b. (Middle) _____ c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 29. 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 4. 1885</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bowling Green Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Warner Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Mardell Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Argenitte 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. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Argenitte Carter</u> ADDRESS <u>Grover 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.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable myocardial infarction</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>					
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) _____		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 <u>8-8</u> , 19 <u>54</u> , to <u>4-21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-21</u> , 19 <u>55</u> , and that death occurred at <u>4:29-55</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. S. Hemphill, M.D.</u> (Degree or title)				23b. ADDRESS <u>601 Breatwood Blvd.</u>		23c. DATE SIGNED <u>5/3/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 3. 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pond Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/3/55</u>		REGISTRAR'S SIGNATURE <u>Kirkwood B. Donke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W. Hemphill 408 S. Fillmore</u>			
				9.8. (Licensed Embalmer's Statement on Reverse Side) <u>Kirkwood 22, Mo.</u>			

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

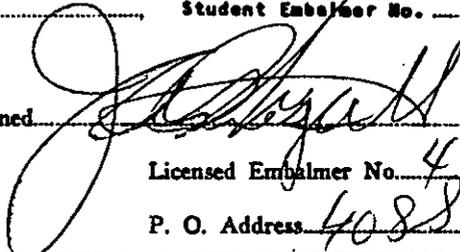
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4944

P. O. Address 4088 Fillmore

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.