

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17673**

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5057 Registrar's No. 86

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Rural		c. CITY OR TOWN Monett	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 80 Yrs.		e. STREET ADDRESS (If rural, give location) Rural, 5 Miles E. Monett.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Miles E. Monett, Mo.			
3. NAME OF DECEASED a. (First) CORA b. (Middle) BELL c. (Last) CARTER			4. DATE OF DEATH June 20, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 23, 1871
9. AGE (In years last birthday) 84		10. MONTH 0	11. DAY 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Bellefonte, Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME B.S. STRIBLING		13b. MOTHER'S MAIDEN NAME DORCAS STRIBLING	14. NAME OF HUSBAND OR WIFE C.C. CARTER (decs.)
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. None	17. INFORMANT'S SIGNATURE OR NAME Fay Carter, Baxter Springs, Kan.
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration		INTERVAL BETWEEN ONSET AND DEATH 3 yr 2	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) 4222	
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 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 Jan 20, 1945 to June 20, 1955 , that I last saw the deceased alive on June 22, 1955 , and that death occurred at 2:55 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Frank H. ... (Degree or title)		23b. ADDRESS Monett Mo	23c. DATE SIGNED 6-25-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/23/55	24c. NAME OF CEMETERY OR CREMATORY New Liberty	24d. LOCATION (City, town, or county) (State) Barry County, Mo.
DATE REC'D BY LOCAL REG. 6-23-55	REGISTRAR'S SIGNATURE Mrs. G. N. Cook	25. FUNERAL DIRECTOR'S SIGNATURE E. W. Buchanan ADDRESS Monett	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 755-282

DATE REC. 7-1-55

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.....
Signature of Student Embalmer

Signed J. P. Buchanan

Licensed Embalmer No. 319

P. O. Address Monette

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.