

no. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19261
State File No.

FILED JUN 27 1955

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY-REG.-DIST. NO. 3035 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Hopington</u>		c. CITY OR TOWN <u>Polo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>R 0890</u>
c. LENGTH OF STAY (If this place) <u>2 days</u>		f. STREET ADDRESS (If rural, give location) <u>Rural 2 mi. - E. -</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Howard</u> c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 55</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct 30 1879</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>7 13</u>	
10a. 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>Ray Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Edward Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Robb</u>		14. NAME OF HUSBAND OR WIFE <u>Volena B. Carter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>not known</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Volena B. Carter Polo 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Correlative heart failure</u> DUE TO (c) <u>Atherosclerotic cardio-vascular - renal dis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 mo.</u> <u>unknown</u>	
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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) <u>442X</u>	
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 June 10, 1953, to June 13, 1955, that I last saw the deceased alive on June 13, 1955, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. C. Johnson M.D.</u>		23b. ADDRESS <u>Richmond Mo.</u>		23c. DATE SIGNED <u>6/13/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-16-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Ridge</u>	
		24d. LOCATION (City, town, or county) (State) <u>Rockwell Twp. Polo Mo</u>			

DATE REC'D BY LOCAL REG. <u>6-20-55</u>		REGISTRAR'S SIGNATURE <u>M. E. Guadalupe</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Abraham & Cowley Polo Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR

1964

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 *Erwin S. Oswald*

Licensed Embalmer No. *492*

P. O. Address *Polo, N.*

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.