

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20765

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY OR TOWN Marshall	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 3 years		e. STREET ADDRESS (If rural, give location) 606 North Franklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION 606 North Franklin			

3. NAME OF DECEASED (Type or Print) a. (First) Carrie b. (Middle) Carter c. (Last) Knott			4. DATE OF DEATH July 8th, 1955.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 11, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 5 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse Ret.		10b. KIND OF BUSINESS OR INDUSTRY Practical	11. BIRTHPLACE (City and State or Foreign Country) Lexington, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elias Carter		13b. MOTHER'S MAIDEN NAME Sarah Allen		14. NAME OF HUSBAND OR WIFE -----	
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 Mrs Nan Syderstricker, Marshall, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary occlusion				2 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) arterial Sclerosis			
		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?	
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22. I hereby certify that I attended the deceased from **July 6, 1955**, to **7/8**, 1955, that I last saw the deceased alive on **July 6, 1955** and that death occurred at **12-20A m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Marshall Mo		23c. DATE SIGNED 7/8/55	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE July 10, 1955		24c. NAME OF CEMETERY OR CREMATORY Malta Bend cemetery	
				24d. LOCATION (City, town, or county) (State) Malta Bend, Missouri	

DATE REC'D BY LOCAL REG. 7-9-1955		REGISTRAR'S SIGNATURE Cecil H. Head Deputy		FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis	
				ADDRESS Marshall Mo.	

(Licensed Embalmer's Statement on Reverse Side)

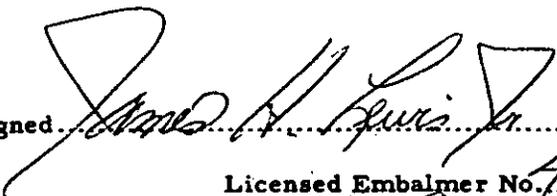
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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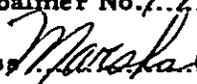
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, ~~or by~~, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 47

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.