

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21655

State File No.

FILED AUG 15 1955

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5370 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Daviness		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviness	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union Township		c. LENGTH OF STAY (in this place) Unknown	c. CITY OR TOWN Gallatin
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 Mile N.E. Gallatin, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) ---	

3. NAME OF DECEASED (Type or Print)	a. (First) Ross	b. (Middle) Herbert	c. (Last) Carter	4. DATE OF DEATH (Month) (Day) (Year) August 9 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27 1912	9. AGE (In years Last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY General Labor	11. BIRTHPLACE (City and State or Foreign Country) Daviness Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Wesley Carter	13b. MOTHER'S MAIDEN NAME Rhoda Ellen French	14. NAME OF HUSBAND OR WIFE Leona Carter
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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. 500-07-9462	17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Walton, Jamesport, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Body, Mangled & Crushed		
	ANTECEDENT CAUSES DUE TO (b) Struck by Train DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		802X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 35	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) RAILROAD TRACK	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 031 (STATE) Union Twp Daviness Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 9 1955 7:45 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? STRUCK BY FREIGHT TRAIN
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS Gallatin Twp	23c. DATE SIGNED Aug 15-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-12-1955	24c. NAME OF CEMETERY OR CREMATORY Lock Springs Cem.	24d. LOCATION (City, town, or county) (State) Lock Springs, Mo.
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DATE REC'D BY LOCAL REG. 13 Aug. 1955	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Hope Funeral Home, Gallatin, Mo.
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WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *L. O. Richardson*.....

Licensed Embalmer No. *3307*.....

P. O. Address *Gallatin*.....

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.