

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22723
 BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CARROLL</u>	
b. CITY OR TOWN <u>Lexington, Mo.</u>		c. CITY OR TOWN <u>Bogard</u>	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) <u>3 Days</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EFFIE</u>	b. (Middle) <u>RUSSELL</u>	c. (Last) <u>CARTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 27-1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>NOV 9 1867</u>	9. AGE (In Years last birthday) (Months) (Days) (Hours) (Min.) <u>87 6 18</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NEW MARKET, KY.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>J. B. RUSSELL</u>	13b. MOTHER'S MAIDEN NAME <u>ALMARINDA HARDING</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph E. Carter - living</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henry Carter</u>	ADDRESS <u>Bogard, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 HRS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE MYOCARDIAL FAILURE</u>		

* 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) <u>CHRONIC MYOCARDITIS</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>FRACTURE RT. HIP</u>
II. OTHER SIGNIFICANT CONDITIONS	<u>None</u>
Conditions contributing to the death but not related to the disease or condition causing death.	<u>4222F</u>

19a. DATE OF OPERATION <u>7-27-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>FRACTURE NECK RT. FEMOR</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 7-25, 1955, to 7-29, 1955, that I last saw the deceased alive on 7-27, 1955, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Scope</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Lexington Mo</u>	23c. DATE SIGNED <u>8/5/55</u>
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24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 30 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DAK HILL</u>	24d. LOCATION (City, town, or county) (State) <u>CARROLLTON, MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-5-55</u>	REGISTRAR'S SIGNATURE <u>Anna E. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dickerson</u>	ADDRESS <u>FUNERAL HOME. Bogard Mo.</u>
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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.....
R. M. Marshall Jr.

Licensed Embalmer No. 446

P. O. Address *Corroset*

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.