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FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23192

State File No.

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 6969 Registrar's No. 641

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Fair Twp.</u>) c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Weston</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>on CB&O railroad track 2 mile N. Beverly</u>		e. STREET ADDRESS (If rural, give location) <u>08010</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harlen</u>	b. (Middle) <u>Brooks</u>	c. (Last) <u>Carter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1, 1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>Aug. 26, 1915</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bath Co. Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>

13a. FATHER'S NAME. <u>C. C. Carter</u>	13b. MOTHER'S MAIDEN NAME <u>Maude E. Stephens</u>	14. NAME OF HUSBAND OR WIFE <u>XX</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Estill Carter</u>	ADDRESS <u>Weston, Mo.</u>
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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, asthemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>COMPLETE SKULL FRACTURE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HIT BY TRAIN</u> <u>E800K</u> <u>35</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>FAIR PLATTE</u> (STATE) <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

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 2:42 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Roband M. Giffey, Coroner</u>	23b. ADDRESS <u>Platte City, Mo.</u>	23c. DATE SIGNED <u>8-1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 3, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graceland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Weston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-2-1946</u>	REGISTRAR'S SIGNATURE <u>Opelia Rallins</u> <u>257</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughn Funeral Home</u>	ADDRESS <u>Weston, Mo.</u>
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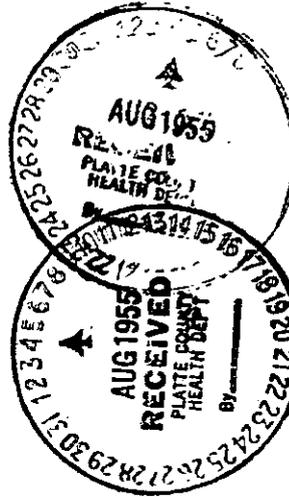
(Licensed Embalmer's Statement on Reverse Side)

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

0530
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AUG 15 1958

FEB 18 1958



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 *W. R. Vaughn*.....

Licensed Embalmer No. *402*

P. O. Address *Weston, Mo*

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.