

FILED SEP 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29989

State File No. ....

BIRTH NO.		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3029</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Crystal City</u>		c. LENGTH OF STAY (in this place) <u>Crystal City</u>		c. CITY OR TOWN <u>Crystal City</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>408 Taylor Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>408 Taylor Ave. 05015</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>R.</u> c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15 1955</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>June 27, 1889</u>	
9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>6</u>		11. DAYS <u>2</u>		12. HOURS <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glass worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>P.P.G. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Crystal City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Carter</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Houghton</u>		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)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. William Carter</u> ADDRESS <u>Crystal City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid Colon of Mo.</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>Metastases in Liver</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9 Mo.</u>
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) m.		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 <u>June 8</u> , 19 <u>55</u> , to <u>Sept 15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept 15</u> , 19 <u>55</u> , and that death occurred at <u>9:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Humberford M.D.</u>				23b. ADDRESS <u>Crystal City Mo</u>		23c. DATE SIGNED <u>Sept 16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-18-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>		
DAYS REC'D BY LOCAL REG. <u>9-16-55</u>		REGISTRAR'S SIGNATURE <u>James G. Risher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Andrew R. Solite</u> ADDRESS <u>Crystal City Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 20 1955

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 *Henry P. Foltz* .....

Licensed Embalmer No. *348* .....

P. O. Address *Crystal* .....

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.