

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30050**BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5633 Registrar's No. 1376

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN RURAL Smith T.S.		c. LENGTH OF STAY (In this place) 2	c. CITY OR TOWN Cuba
d. FULL NAME OF HOSPITAL OR INSTITUTION 14 Miles East 66 Hwy.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Bernard c. (Last) Carter		4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1955	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 13, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Transportation		11. BIRTHPLACE (City and State or Foreign Country) Colfax, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Mathias Carter	13b. MOTHER'S MAIDEN NAME Amanda Sleezer	14. NAME OF HUSBAND OR WIFE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. 549-30-6292	17. INFORMANT'S SIGNATURE OR NAME S. R. Palmer Jr. ADDRESS Lebanon, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Imm.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Truck Accident DUE TO (c) _____		
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66	21c. (CITY, TOWN, OR TOWNSHIP) Smith T.S. Laclede County Missouri (COUNTY) 053 (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 19, 1955 4:00 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Truck Accident

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 2:40 P m., from the causes and on the date stated above.

23a. SIGNATURE S. R. Palmer Jr. (Degree or title) Coroner	23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 9-19-55
24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE 9/19/55	24c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery
24d. LOCATION (City, town, or county) Cuba, Missouri		(State)

DATE REC'D BY LOCAL REG. 9-19-1955	REGISTRAR'S SIGNATURE Mella L. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Shondelin Funeral Home Cuba ADDRESS 424
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(Licensed Embalmer's Statement on Reverse Side)

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

REC. 18 1955

NOV 8 1955

Received 9-26-55
Laclede County Health Unit
File No. 156
Date Filed 9-26-55

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 Stanley B. Palm

Licensed Embalmer No. 48

P. O. Address Lebanon

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.