

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 30 1956

 BIRTH NO. 8956955 REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Libourn</u>		c. LENGTH OF STAY (In this place)	
c. CITY OR TOWN <u>Lilbourn</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		e. STREET ADDRESS (If rural, give location) <u>0720</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Corliss</u>		b. (Middle) <u>Eyett</u>	
c. (Last) <u>Carter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 23 1955</u>	
9. AGE (In years last birthday) <u>29</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>29</u> Hours <u>0</u> Min. <u>0</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		12. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>Jerry Mack Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Genevieve Brooks</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) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jerry Carter, Lilbourn, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Found dead in bed,</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Smothered to death under</u> DUE TO (c) <u>the covers of the bed</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9240</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>18</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lilbourn New Madrid, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1/22/56 - 7:30 p.m.</u>		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 <u>7:30</u> a.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Dr. H. L. Ponder</u>		23b. ADDRESS <u>New Madrid, Mo.</u>	
23c. DATE SIGNED <u>1/24/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-23-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sand Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home-Lilbourn, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-25-56</u>		REGISTRAR'S SIGNATURE <u>H. L. Ponder Deputy</u>	

DATE RECEIVED JAN 27 1955  
NEW MADRID CO. HEALTH CENTER  
P. J. S.

**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 *Not Embalmed* .....  
*Homer L. Dondor*

Licensed Embalmer No. *336*

P. O. Address *Lilbourn*

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.