

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3495**BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY OR TOWN Sikeston		c. CITY OR TOWN Sikeston	
d. FULL NAME OF HOSPITAL OR INSTITUTION 300 Maude St.		e. STREET ADDRESS (If rural, give location) 300 Maude Street	
3. NAME OF DECEASED a. (First) VERNON		b. (Middle) GATEWOOD	
c. (Last) CARTER		4. DATE OF DEATH (Month) (Day) (Year) Jan. 8 1956	
5. SEX Male		6. COLOR OR RACE Caucasian	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 21, 1901	
9. AGE (In years last birthday) 54		10. IF UNDER 1 YEAR (Months) 8	
11. IF UNDER 24 HRS. (Days) 77		12. IF UNDER 24 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Inspector		10b. KIND OF BUSINESS OR INDUSTRY State Inspector	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Carter		13b. MOTHER'S MAIDEN NAME Effie May Lewis	
14. NAME OF HUSBAND OR WIFE Mary Carter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO None	
16. SOCIAL SECURITY NO. 490-09-5038		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Carter Sikeston, Mo.	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction 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. 4201		INTERVAL BETWEEN ONSET AND 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)	
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) (Min.)		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 1-8 , 19 56 , to 1-8 , 19 56 , that I last saw the deceased alive on 1-8 , 19 56 , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Alden B. Sargent M.D.		23b. ADDRESS Sikeston, Missouri	
23c. DATE SIGNED 1-11-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan. 10, 1956		24c. NAME OF CEMETERY OR CREMATORY. Garden of Memories	
24d. LOCATION (City, town, or county) (State). Sikeston, Missouri		DATE REC'D BY LOCAL REG. 1-14-56	
REGISTRAR'S SIGNATURE Wm. Ed. Hunter		FUNERAL DIRECTOR'S SIGNATURE Edward E. Nunnelee	
ADDRESS 429		ADDRESS Nunnelee Funeral Chapel Sikeston Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED JAN 16 1956
SCOTT CO. HEALTH DEPT.
CO. FILE No. 156-13

MAY 23 1956

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..... *Philip J. Cassidy*
Licensed Embalmer No..... *461*
P. O. Address..... *Skutumpah*

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.