

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 16 1956 STANDARD CERTIFICATE OF DEATH

State File No. **8496**

BIRTH NO. **2713-56** REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE - Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) Cameron	c. LENGTH OF STAY (If in place) 3 1/2 hrs	c. CITY OR TOWN Weatherby	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		f. STREET ADDRESS (If rural, give location) 0329	

3. NAME OF DECEASED (Type or Print) Kathy Jolene Carter			4. DATE OF DEATH March 25, 1956		
a. (First)	b. (Middle)	c. (Last)	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 25, 1956	9. AGE (In years) last birthday 0 0 0 4 40
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Weatherby, Mo.
13a. FATHER'S NAME Leo Eugene Carter			13b. MOTHER'S MAIDEN NAME Velma Arleen Calvin		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) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Leo Eugene Carter, Weatherby, Mo.		
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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, asthenia, 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) Immaturity - 25 weeks gestation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 776x
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 **Mar. 25, 1956**, to **Mar. 25, 1956**, that I last saw the deceased alive on **Mar. 25, 1956**, and that death occurred at **11:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank R. Wilson M.D.	23b. ADDRESS Winston, Missouri	23c. DATE SIGNED 4/3/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 26, 1956	24c. NAME OF CEMETERY OR CREMATORY Cope Cemetery
24d. LOCATION (City, town, or county) (State) Weatherby, Missouri		

DATE REC'D BY LOCAL REG. 4-10-'56	REGISTRAR'S SIGNATURE Winifred W. Moser	25. FUNERAL DIRECTOR'S SIGNATURE Tommy J. Smith	ADDRESS Pattonburg, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Not Embalmed, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James Quest

Licensed Embalmer No. 404

P. O. Address Patton

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.