

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23158

FILED AUG 6 - 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 77

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| 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 OR TOWN Cameron | c. LENGTH OF STAY (in this place) 30 days | c. CITY OR TOWN Maysville | 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 Caneron Community Hospital | | e. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-------------------------|------------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) DAISY | b. (Middle) SOPHRONIA | c. (Last) CARTER | 4. DATE OF DEATH (Month) (Day) (Year) July 16 1956 |
|-------------------------------------|-------------------------|------------------------------|-------------------------|---|

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|----------------------|-------------------------------|---|--------------------------------------|---|-----------------------------|-----------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 28 1882 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) DeKalb Co. Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME William Roberts Taylor | 13b. MOTHER'S MAIDEN NAME Mary Jane Duce | 14. NAME OF HUSBAND OR WIFE Fred Carter |
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| 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. | 17. INFORMANT'S SIGNATURE OR NAME Mrs Pansy Whitaker, Maysville Mo. (R.F.D.) | ADDRESS |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 10 min. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis | | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Recent Cerebral Apoplexy. Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **6-19-1956** to **7-16, 1956** that I last saw the deceased alive on **7-14, 1956**, and that death occurred at **8:20 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE [Signature] (Degree or title) | 23b. ADDRESS Cameron Mo. | 23c. DATE SIGNED 7-20-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 7/16-56 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant | 24d. LOCATION (City, town, or county) (State) Maysville Mo (Rural) |
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| DATE REC'D BY LOCAL REG. 8-4-56 | REGISTRAR'S SIGNATURE Winifred W. Moser | 25. FUNERAL DIRECTOR'S SIGNATURE PILCHER FUNERAL HOME | ADDRESS MAYSVILLE MO. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0251

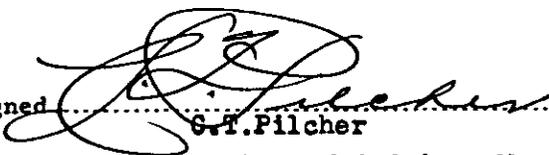
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STATEMENT BY LICENSED EMBALMER

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 .....
S. T. Pilcher
Licensed Embalmer No...3960...

P. O. Address..Maysville.No.

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.