

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23478

State File No.

FILED AUG 13 1956

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5490 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Oak Twp.</u>	c. LENGTH OF STAY (to this place) <u>41 years</u>	c. CITY OR TOWN <u>New Hampton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>2 1/2 miles North of New Hampton</u>		e. STREET ADDRESS (If rural, give location) <u>2 1/2 miles north of New Hampton</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Adam</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Carter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 7 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 26, 1870</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days	IF OVER 1 YRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Martinsville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William G. Carter</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Frances E. Carter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give no. or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fannie E. Carter</u>	ADDRESS <u>New Hampton Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>30 DAYS.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RIGHT VENTRICULAR FAILURE</u> 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"/>
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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 1946, to 8-7, 1956, that I last saw the deceased alive on 8-7, 1956, and that death occurred at 6:22 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. L. Green D.O.</u>	23b. ADDRESS <u>New Hampton MO</u>	23c. DATE SIGNED <u>8-8-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-10-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kidwell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Martinsville Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-9-56</u>	REGISTRAR'S SIGNATURE <u>Zola Burren</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Noble</u>	ADDRESS <u>Son New Hampton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

3.300
3.46

116

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 *William George Noble*

Licensed Embalmer No. *49*

P. O. Address *New Ham*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.