

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25680**

FILED JUL 30 1956

BIRTH NO. _____ REG. DIST. NO. **323** PRIMARY REG. DIST. NO. **4473** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackburn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackburn	
c. LENGTH OF STAY (in this place) 50 yrs.		d. STREET ADDRESS (If rural, give location) Blackburn, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Mason c. (Last) Carter			4. DATE OF DEATH (Month) (Day) (Year) July, 21, 1956		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 15 1904		9. AGE (In years last birthday) 51		10. UNDER 1 YEAR Days 7 Hours 6 Mins. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Laborer		10b. KIND OF BUSINESS OR INDUSTRY Rail Road		11. BIRTHPLACE (City and State or Foreign Country) Blackburn, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Carter		13b. MOTHER'S MAIDEN NAME Mattie Coxtan		14. NAME OF HUSBAND OR WIFE Mrs. Ellen Carter, Blackburn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 487-10-5643		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ellen Carter, Blackburn, Missouri ADDRESS	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH Don't know
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

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 **March 13, 1956**, to **July 21, 1956**, that I last saw the deceased alive on **July 18, 1956**, and that death occurred at **8:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter N. Madison, M.D.		23b. ADDRESS Marshall, Missouri		23c. DATE SIGNED 7-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/24/56		24c. NAME OF CEMETERY OR CREMATORY Waverly Cemetery	
				24d. LOCATION (City, town, or county) (State) Waverly, Missouri	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 7/24/56 Mary Mosley		25. FUNERAL DIRECTOR'S SIGNATURE Georgette Green ADDRESS Marshall, Mo	
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

AUG 8 1956

OCT 19 1956

OCT 7 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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4220

P. O. Address Marshall, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.