

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 28 1956 STANDARD CERTIFICATE OF DEATH

State File No. 27673

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5763 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Philadelphia (Union)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Philadelphia (Union)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0640</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wade</u> b. (Middle) <u>Hampton</u> c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 12, 1956</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 23, 1881</u>	9. AGE (In years last birthday) <u>74</u>	10 UNDER 1 YEAR Months <u>11</u>	11 UNDER 24 HRS. Days <u>20</u>	Hours <u>0</u>	Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator Shoe Mfg.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Marion Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Charles H. Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Talbott</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Carter</u>			
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-13-0664</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gertrude Carter, Philadelphia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins disease</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
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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) <u>201X</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 July 18, 1956, to Aug. 12, 1956, that I last saw the deceased alive on Aug. 12, 1956, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Shriver</u>		23b. ADDRESS <u>Do. Philadelphia, Mo.</u>		23c. DATE SIGNED <u>8-13-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 14, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Church</u>		24d. LOCATION (City, town, or county) (State) <u>Philadelphia Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>8/15/56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Philadelphia Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED AUG 27 1956
MARION CO. HEALTH DEPT.,
DATE FILED AUG 27 1956

OCT 24 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
Student Embalmer

Signed.....

Harold Garner

Licensed Embalmer No. 3720

P. O. Address Monroe City

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