

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34445**

FILED OCT 16 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 434

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1201 So Picher Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>1201 So. Picher Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James Luther</u> b. (Middle) <u>Carter</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1956</u>		
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>Aug. 18, 1904</u>		9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR (Months) (Days) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Feed Mill</u>		11. BIRTHPLACE (City and State or Foreign Country) / 12. CITIZEN OF WHAT COUNTRY? <u>Williamsburg Kansas</u> / <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William Assac Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Louise Garvin</u>		14. NAME OF HUSBAND OR WIFE <u>Clemmie Payton Carter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>500-05-3195</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clemmie Carter, Joplin Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
		ANTECEDENT CAUSES Morbidity 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.			

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) <u>Joplin, Mo.</u>	
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?	

22. I hereby certify that I attended the deceased from Jan. 14, 1954, to Oct. 1, 1956, that I last saw the deceased alive on Oct. 1, 1956, and that death occurred at 1:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George A. ...</u>		23b. ADDRESS <u>607 Frisco Bldg., Joplin, Mo.</u>		23c. DATE SIGNED <u>10-5-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-2-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gibson</u>	
		24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>			

DATE REC'D BY LOCAL REG. <u>10-9-56</u>		REGISTRAR'S SIGNATURE <u>Dove Merriman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wiley Thompson & Co. Neosho Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1956
Cassper County Health Office
County File Number 56-18-199
Date Filed OCT 15 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 Lyman R. Cunningham

Licensed Embalmer No. 4969

P. O. Address Wasko, Mo.

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.