

## STANDARD CERTIFICATE OF DEATH

State File No. **7782**  
Registrar's No. **228**

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>3007</b>	
1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CARTER</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place) <b>4 days</b>	d. CITY OR TOWN <b>010 ELLISMORE</b>	e. 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 <b>Poplar Bluff Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>Rt. 2, ELLISMORE</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Cozy</b>		b. (Middle) <b>FLOYD</b>	c. (Last) <b>CARTER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 - 7 - 57</b>	
5. SEX <b>0</b> <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2-16-1901</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LIVESTOCK DEALER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>CARTER CO., MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>LUKE CARTER</b>		13b. MOTHER'S MAIDEN NAME <b>IRENIA WALKER</b>		14. NAME OF HUSBAND OR WIFE <b>SMANTHA CARTER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>SMANTHA CARTER</b>		
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shrapnel Wound of Chest</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>and Head</b> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Carter Co. Mo</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>981X</b> (COUNTY) <b>Carter</b> (STATE) <b>MO.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2 - 3 - 57 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>2-2</b> , 19 <b>57</b> , to <b>2-7</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>2-7</b> , 19 <b>57</b> , and that death occurred at <b>3:15 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>W. J. ...</b>			23b. ADDRESS <b>Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>2-13-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2/10/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WHITES M. CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>CARTER CO. MO</b>		
DATE REC'D BY LOCAL REG. <b>3/15/57</b>	REGISTRAR'S SIGNATURE <b>W. J. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Colonel ...</b>			
ADDRESS <b>...</b>					

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

489  
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAR 25 1957

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.