THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34600
STATE FILE NUMBER

FILED OCT 1 1957

Registration District No. 956 Primary Registration District No. 6211 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Roubidoux Twp — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b 60yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Texas
c. CITY OR TOWN Roubidoux Twp. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside On Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First James Middle Franklin Last Carter
4. DATE OF DEATH: Month 9 Day 22 Year 57
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-10-1860
9. AGE (In years last birthday): 97 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Roby Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William S. Carter
14. MOTHER'S MAIDEN NAME: Angeline Collins
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.: None
17. INFORMANT: Mrs. Minnie Carter — Address: Roby, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Probably Conary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201.
INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 2:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Myrtie Craig (Degree or title) (Local Reg.)
22b. ADDRESS: Houston, Mo.
22c. DATE SIGNED: 9-24-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-25-57
23c. NAME OF CEMETERY OR CREMATORY: Mt. Hagah
23d. LOCATION (City, town, or county) (State): Texas County Missouri

24. FUNERAL DIRECTOR — ADDRESS: Elliott Funeral Home Houston Mo.
25. DATE RECD. BY LOCAL REG.: 9-24-57
26. REGISTRAR'S SIGNATURE: Myrtie Craig

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Mallett Crocker

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank E. Wo

Licensed Embalmer No. 4

P. O. Address Houst

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