

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1958

STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 4136 Registrar's No. 5

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| 1. PLACE OF DEATH a. COUNTY <u>Clinton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Plattsburg</u> | | c. CITY OR TOWN <u>Plattsburg</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>705 BROADWAY</u> | | d. STREET ADDRESS (If outside, give location) <u>705 BROADWAY</u> | |
| Length of stay in lb <u>31 YRS.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>PIERRE</u> Middle <u>CARTERON</u> Last <u>CARTERON</u> | | | 4. DATE OF DEATH <u>JAN. 19 1958</u> Month Day Year | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 31 1898</u> | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Cendear Court Jussey France</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13. FATHER'S NAME <u>NUMA CARTERON</u> | | | 14. MOTHER'S MAIDEN NAME <u>MARIA GEOTROY</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> | | 16. SOCIAL SECURITY NO. <u>X</u> | 17. INFORMANT Address <u>MARGUERITE CARTERON Plattsburg, Mo.</u> | | | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> <u>Pneumatic Coarctitis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 yrs</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a) <u>416x</u> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>M2</u> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 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. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |

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| 21. I attended the deceased from <u>Dec 14 37</u> to <u>Jan 19 58</u> and last saw her alive on <u>Jan 19 58</u> Death occurred at <u>7 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) <u>W. B. Spalding M.D.</u> | 22b. ADDRESS <u>Plattsburg Mo</u> | 22c. DATE SIGNED <u>Jan 22 58</u> |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>Jan. 22 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>EDWARD Leveiter Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Plattsburg Missouri</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>D. L. Lyon Plattsburg, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Jan 24, 1958</u> | 26. REGISTRAR'S SIGNATURE <u>Elizabeth Searce</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

FEB
3 1958

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 *Philip B. Ed*.....

Licensed Embalmer No. *49*

P. O. Address *Stambridge*

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.