THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

STATE FILE NUMBER 88976A

Registration District No. 128 Primary Registration District No. 2000 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Green
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge — Length of stay in 1b 4 hrs

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

3. NAME OF DECEASED (Type or print): First ROSS Middle CURTIS Last CARTER

4. DATE OF DEATH Month 1 Day 11 Year 1958

5. SEX M. **6. COLOR OR RACE** W. **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☑ **DIVORCED** ☐

8. DATE OF BIRTH 8-10-1890

9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR: Months 5 Days 1 — IF UNDER 24 HRS.: Hours ✓ Min. ✓

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister
10b. KIND OF BUSINESS OR INDUSTRY Co Missionary Christian Co.
11. BIRTHPLACE (City and state or country)
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Elisha T. Carter
13b. MOTHER'S MAIDEN NAME Jerusha Turner
14. NAME OF HUSBAND OR WIFE Ida Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs Zeda Stokes Muskogee Okla — Address

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) Arteriosclerotic Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
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) 4201

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 1-11-58 only and last saw her/him alive on 1-11-58
Death occurred at 3:22 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD
22b. ADDRESS Springfield, Mo.
22c. DATE SIGNED 1-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-14-1958
23c. NAME OF CEMETERY OR CREMATORY Jones Cemetery
23d. LOCATION (City, town, or county) Niva (State) Mo.

24. FUNERAL DIRECTOR L.B. Jones **ADDRESS** Buffalo, Mo.
25. DATE RECD. BY LOCAL REG. 1-21-58
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ....me...., Student Embalmer No. ....—.... working under my personal supervision.

Student R. E. Cheatham
Signature of Student Embalmer

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo, Mo.

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.