

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2750

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1387

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

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY EFFINGHAM	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis)		c. CITY OR TOWN EFFINGHAM	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (If in place) 2 Days		e. STREET ADDRESS (If rural, give location) 3128	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Luke's Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) MARGARITE		b. (Middle) CARTER	
c. (Last) CARTER		4. DATE OF DEATH (Month) (Day) (Year) 2 4 58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9-22-1912
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (City and State or Foreign Country) EFFINGHAM, ILL.
10b. KIND OF BUSINESS OR INDUSTRY At home		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME KERN WOODY		13b. MOTHER'S MAIDEN NAME EMMA RICHARS	
14. NAME OF HUSBAND OR WIFE RONALD CARTER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Ronald Carter ADDRESS Effingham	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intercerebral Clot h. hypotalamida		INTERVAL BETWEEN ONSET AND DEATH 3 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral Hemorrhage	
DUE TO (c) Hyponatremia		331x	
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 checked="" type="checkbox"/> NO <input 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)			
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 Feb 2 , 19 58 , to Feb 4 , 19 58 , that I last saw the deceased alive on Feb 4 , 19 58 , and that death occurred at 11:50 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE George H. Houtsmire, M.D. (Degree or title)		23b. ADDRESS 100 N. Euclid Street	
23c. DATE SIGNED 2/6/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb 6-1958	
24c. NAME OF CEMETERY OR CREMATORY EFFINGHAM ILL.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. FEB 6 '58		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
FEB 6 '58		FUNERAL DIRECTOR'S SIGNATURE Johnson Funeral Home ADDRESS Effingham	

(Licensed Embalmer's Statement on Reverse Side)

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 *Frank Prokoff*.....
Licensed Embalmer No. *435*.....
P. O. Address *St. Louis*.....

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.