

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26400-58
58-011084
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Marshall			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Larvel Iowa.		8140 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital			Length of stay in lb 2 da		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mark Steven Carter				4. DATE OF DEATH Month Day Year Mar. 5, 1958			
5. SEX M O W	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 3, 1958		9. AGE (In years last birthday) 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) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Unionville, Putnam, Mo. Co.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME George Carter				14. MOTHER'S MAIDEN NAME Betty Jean Newland			
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.		17. INFORMANT Address George Carter, Larvel, Iowa.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>pneumonia (Lobar)</i> 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) <i>premature - (7 months)</i> 7635							INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
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 Month, Day, Year 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
21. I attended the deceased from <i>Mar 7-58</i> to <i>Mar 5-58</i> and last saw ^{him} alive on <i>Mar 5-58</i> Death occurred at <i>2:30 a. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deputy or title) <i>Max P. ...</i>				22b. ADDRESS <i>Unionville Mo</i>		22c. DATE SIGNED <i>3/5/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE <i>5-6-1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Thompson Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Putnam Co. Mo.</i>	
24. FUNERAL DIRECTOR <i>F.O. Husted & Son-Unionville, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>4-5-58</i>		25. REGISTRAR'S SIGNATURE <i>Marcell ...</i>		

(Licensed Embalmer's Statement on Reverse Side)

alth, Welfare, Public Service, 0860, 300, -56, 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. doctor, coroner, etc. must use only standard nomenclature in Part I. No symptoms will be listed. All

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 *Nurl E. Musted*

Licensed Embalmer No. *33*

P. O. Address *Mom...*

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.