

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017697  
STATE FILE NUMBER

FILED JUN 3 1958 Registration District No. 98 Primary Registration District No. 5370 Registrar's No. 58

300  
1-57

310

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

|  |                           |   |   |
|--|---------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Daviess   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Daviess                                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Rural Union Twp.  |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN Rural Union Twp. 0310<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |
| c. FULL NAME OF HOSPITAL OR INSTITUTION S.E. Gallatin  |                           | Length of stay in lb Most of Life   | d. STREET ADDRESS (If outside, give location)<br>7 1/2 Mi. S.E. Gallatin<br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>John Wesley Carter   |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>May 23, 1958  |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>March 8 1907  |
| 9. AGE (In years last birthday)<br>51  |                           | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Farmer  | 11. BIRTHPLACE (City and state or country)<br>Daviess Co. Missouri  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Farmer  |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Farm Owner   | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |
| 13a. FATHER'S NAME<br>Smith H. Carter  |                           | 13b. MOTHER'S MAIDEN NAME<br>Effie B. McCullough  | 14. NAME OF HUSBAND OR WIFE<br>Madge Carter   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |                           | 16. SOCIAL SECURITY NO.<br>497-30-6158  | 17. INFORMANT<br>Mrs. J. W. Carter, Rt 5 Gallatin Mo.   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Acemic State due to</i><br>DUE TO (b) <i>Polycystic Kidney Disease</i><br>DUE TO (c) <i>7571</i><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><i>Renal Hypertension</i> |                           |   | INTERVAL BETWEEN ONSET AND DEATH<br><i>18 hours</i><br><i>Unknown</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<br>Hour Month, Day, Year<br>a.m.<br>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. attended the deceased from <i>5/23/58</i> to <i>5/23/58</i> and last saw <i>live on 5/23/58</i><br>Death occurred at <i>12:45P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                           |   |   |
| 22a. SIGNATURE (Degree or title)<br><i>Chas. Deyan M.D.</i>  |                           | 22b. ADDRESS<br><i>Gallatin Mo</i>  |   |
| 22c. DATE SIGNED<br><i>5/26/58</i>   |                           |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Buried</i>   |                           | 23b. DATE<br><i>5-25-1958</i>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><i>Centenary Cemetery</i>  |                           | 23d. LOCATION (City, town, or county) (State)<br><i>Gallatin, Mo.</i>   |   |
| 24. FUNERAL DIRECTOR<br><i>L.O. Peterson</i><br>Hope Funeral Home, Gallatin, Mo.   |                           | 25. DATE RECD. BY LOCAL REG.<br><i>6-2-58</i>   |   |
|  |                           | 26. REGISTRAR'S SIGNATURE<br><i>Virginia Mangelbeck</i>   |   |

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 *L. O. Richesson* .....

Licensed Embalmer No. *3302*  
P. O. Address *Gallatin, MT*

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.