

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028532

STATE FILE NUMBER

FILED SEP 5 1958 Registration District No. 69 Primary Registration District No. 4122 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nixa		c. CITY OR TOWN Nixa	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kraft Foods		d. STREET ADDRESS no street address	
3. NAME OF DECEASED (Type or print) First CLARENCE Middle ALBERT Last CARTER		4. DATE OF DEATH Month August Day 20 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 10, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Kraft Foods	11. BIRTHPLACE (City and state or country) Christian Co., Mo.
13. FATHER'S NAME William Milo Carter		14. MOTHER'S MAIDEN NAME Julia Bostic	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		17. INFORMANT Mrs. Beulah Carter, Nixa, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis heart disease			INTERVAL BETWEEN ONSET AND DEATH 9 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> 0
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 Dec 1957 to August 1958 and last saw her alive on _____ Death occurred at 11:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Elmer M. Powell, M.D.		22b. ADDRESS 609 Cherry, Springfield, Mo.	
		22c. DATE SIGNED 8-23-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/23/1958	
23c. NAME OF CEMETERY OR CREMATORY Spokane Cemetery		23d. LOCATION (City, town, or county) (State) Spokane, Missouri	
24. FUNERAL DIRECTOR Jean Harris		25. DATE RECD. BY LOCAL REG. Aug. 28, 1958	
ADDRESS Clever, Mo.		26. REGISTRAR'S SIGNATURE Olive Hettler	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

health, Welfare Public Service 300 1-56
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. Coroner cannot certify to a death due to natural causes.

550

(Licensed Embalmer's Statement on Reverse Side)

MAH 16 1959

SEP 8 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.....
J. Sean Harris

Licensed Embalmer No. *439*

P. O. Address.....
Clover,

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.