

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028705  
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 102 Primary Registration District No. 4174 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY OR TOWN <b>Cardwell</b>		c. CITY OR TOWN <b>Cardwell</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		d. STREET ADDRESS (If outside, give location) <b>0 3 50 0</b>	

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>L.</b> Last <b>Carter</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>29</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 16, 1887</b>		9. AGE (In years birthday) <b>71</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Senath, Mo.</b>	
10c. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			

13a. FATHER'S NAME <b>Henry Carter</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Carroll</b>		14. NAME OF HUSBAND OR WIFE <b>Eva Carter</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-18-4861</b>		17. INFORMANT <b>Nellie Corder</b> Address <b>1911 So. 11th. St. Louis Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)			
DUE TO (c) <b>4222</b>			
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 checked="" type="checkbox"/>

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 _____ 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 <b>June 6, 1953</b> to <b>Aug 28, 58</b> and last saw <sup>her</sup> him alive on <b>August 29, 1958</b> Death occurred at <b>12:10 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Doctor or Title) <b>W. English MD</b>		22b. ADDRESS <b>Cardwell Mo</b>		22c. DATE SIGNED <b>9-2-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/31/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Cardwell</b>	
				23d. LOCATION (City, town, or county) (State) <b>Cardwell Missouri</b>	

24. FUNERAL DIRECTOR <b>McDaniel Funeral Service, Senath</b>		ADDRESS <b>Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-2-58</b>	
				26. REGISTRAR'S SIGNATURE <b>Edna Hallmark</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 14 1959

COUNTY FILE NUMBER 958-219

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 *Hubert B. Baird* .....

Licensed Embalmer No. *4888* .....

P. O. Address *Keunett, 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.