

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029867

STATE FILE NUMBER

FILED SEP 2 1958

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 346

S. 300
1-57
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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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			Length of stay in lb <u>60 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>700 So. Beacon</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARENCE LESLIE CARTER</u>				4. DATE OF DEATH Month Day Year <u>August 24 1958</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 4 1897</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>61</u> Months <u>0</u> Days <u>20</u> Hours <u></u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bank</u>		11. BIRTHPLACE (City and state or country) <u>Norwalk Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Wesley Carter</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Mahm</u>			14. NAME OF HUSBAND OR WIFE <u>Robena Carter</u>			
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				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia- Acute Suppression of Urine. 15 hours.</u>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Cardio- Vascular Disease</u>		<u>2 years duration.</u>		DUE TO (c) <u>Myocardial Infarction.</u>		<u>August 19th, 1958.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes. Unknown to patient; Aug. 20th, 1958.</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> None. <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. <u>None.</u>									
20d. INJURY OCCURRED WHILE AT <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 <u>over 25 years</u> to <u>Aug. 24th, 1958</u> and last saw him alive on <u>Aug. 24th, 1958</u> . Death occurred at <u>5:42 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>				22b. ADDRESS <u>Sedalia, Missouri.</u>		22c. DATE SIGNED <u>8-25-58.</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-26-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Urich cem.</u>		23d. LOCATION (City, town, or county) <u>Urich</u>		23e. (State) <u>Mo</u>		
24. FUNERAL DIRECTOR ADDRESS <u>McLaughlin Bros Sedalia</u>				25. DATE RECD. BY LOCAL REG. <u>August 25 1958</u>		26. REGISTRAR'S SIGNATURE <u>Francis Shelby</u>			

APR 30 1955

SEP 4 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 *KPM Lary*
Licensed Embalmer No. *3153*
P. O. Address *.....*

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.