

Health,  
Welfare  
Public  
Service  
36  
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1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032221  
STATE FILE NUMBER

FILED OCT 2 1958 Registration District No. 100 Primary Registration District No. 5383 3018 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gladden typ		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Gladden typ 0330
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gladden typ		Length of stay in lb 83 yrs	d. STREET ADDRESS (If outside, give location) Gladden
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Isaac Washington McCarter			4. DATE OF DEATH Month Day Year Sept 23 1958		
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5. SEX male 0	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 Sept 2 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <del>taxi driver</del> No	10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (City and state or country) Dent Co Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John McCarter	13b. MOTHER'S MAIDEN NAME Tennessee Cottrell	14. NAME OF HUSBAND OR WIFE Martha Crowder
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X	16. SOCIAL SECURITY NO. 494 42 7953	17. INFORMANT Martha McCarter	Address Gladden Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 4 years
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 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.)
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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
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21. I attended the deceased from 1-18-54 to 9-23-58 and last saw her alive on 9-23-58 Death occurred at 11:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Ray J. Pittman, M.D.</i>	22b. ADDRESS Salem, Missouri	22c. DATE SIGNED 9-27-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-25-58	23c. NAME OF CEMETERY OR CREMATORY Empire Cem	23d. LOCATION (City, town, or county) (State) Dent Co Mo
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24. FUNERAL DIRECTOR Spencer Funeral Home	ADDRESS	25. DATE RECD. BY LOCAL REG. 9/25/58	26. REGISTRAR'S SIGNATURE M M Hart, M.D. by P.M.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

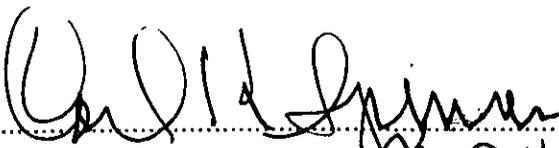
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

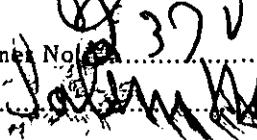
STATEMENT BY LICENSED EMBALMER

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 ..... 

Licensed Embalmer No. 372

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.