

t. Health,  
, & Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039194  
STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 158

S. 300  
v. 1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Harrisonville</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Pleasant Hill</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Harrisonville Memorial</b>			Length of stay in lb <b>2 days</b>	0190 STREET ADDRESS <b>R.F.D. 1 (Polk Twp.)</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Lee Fulton Carter</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>11,</b> Year <b>1958</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>Mar. 12, 1903</b>		9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>orchard</b>		11. BIRTHPLACE (City and state or country) <b>Lathrop, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Carter</b>			13b. MOTHER'S MAIDEN NAME <b>Ida Jones</b>		14. NAME OF HUSBAND OR WIFE <b>Pauline 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>496-09-8510</b>		17. INFORMANT Address <b>Mrs. Pauline Carter Pleasant Hill, 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>Acute cerebrovas. accident</b>						INTERVAL BETWEEN ONSET AND DEATH <b>32 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive crisis</b>						<b>2 wks</b>	
DUE TO (c) <b>Essential hypertension</b>						<b>10 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331X</b>						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 Month, Day, Year a.m. p.m.							
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 <b>24 Nov 1949</b> <b>11 Nov 58</b> and last saw <sup>him</sup> alive on <b>10 Nov 58</b> . Death occurred at <b>7 10 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>W Epley M.D.</b>				22b. ADDRESS <b>Pleasant Hill, Mo</b>		22c. DATE SIGNED <b>11-12-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>11/13/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cem.</b>		23d. LOCATION (City, town, or county) <b>Pleasant Hill, Missouri</b>		(State)
24. FUNERAL DIRECTOR <b>Brownfield-Stanley Pleasant Hill, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>11-18-58</b>		26. REGISTRAR'S SIGNATURE <b>Prudilee Anderson</b> <i>Deputy</i>		

DEC 8 1958

CASS COUNTY  
HEALTH DEPARTMENT

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 Wm S Cantrell, Student Embalmer No. 360 working under my personal supervision.

Student Wm S Cantrell  
Signature of Student Embalmer

Signed Raymond R Stanley

Licensed Embalmer No. 5008

P. O. Address Pleasant Hill

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.