

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047295
STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED JAN 7 1959 Registration District No. 340 Primary Registration District No. 2152 Registrar's No. 4

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300
-573

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Indiana b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter - Liberty	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mishawaka 8130 8	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Public road	Length of stay in 1b _____	d. STREET ADDRESS (If outside, give location) 56453 Francis Ave.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Bob Franklin Carter			4. DATE OF DEATH Month Day Year Dec. 27, 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 Dec. 1, 1906		9. AGE (in years at birthday) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawyer		10b. KIND OF BUSINESS OR INDUSTRY Saw Mill	11. BIRTHPLACE (City and state or country) Cotton Plant, Ark.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Marcus Carter		13b. MOTHER'S MAIDEN NAME Mattie J. Davis		14. NAME OF HUSBAND OR WIFE Minnie Latner	
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. 430-12-4418	17. INFORMANT Address Bob F. Carter Jr., Osceola, Ind.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exact cause unknown. Believed to be acute heart failure.		INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Was in auto accident on 12-21-58.	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 33		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 803	COUNTY STATE Ark

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at **2:20 P. M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Velma V. Jenkins</i> (Degree or title) Registrar	22b. ADDRESS Dexter, Missouri	22c. DATE SIGNED 12-27-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-27-58	23c. NAME OF CEMETERY OR CREMATORY Cotton Plant Cemetery, Cotton Plant, Ark	23d. LOCATION (City, town, or county) (State) Cotton Plant, Ark
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24. FUNERAL DIRECTOR Angelo Funeral Home, Cotton Plant, Ark	25. DATE RECD. BY LOCAL REG. 1-2-59	26. REGISTRAR'S SIGNATURE <i>Velma V. Jenkins</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

FEB 11 1950

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 *Lucille R. Parsons*

Licensed Embalmer No. *4983*

P. O. Address *Dayton, 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.

MS FEB 10 1950
MS FEB 10 1950
VS FEB 13 1950