

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014211

STATE FILE NUMBER

FILED MAY 5 1959 Registration District No. 240 Primary Registration District No. 4357 Registrar's No. 12

300
1-57

1. PLACE OF DEATH a. COUNTY New Madrid			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 15 years	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Willie Carter			4. DATE OF DEATH Month April Day 22 Year 1959		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 12 1909	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months 50 Days 2 Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Honorer, Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fed Carter		13b. MOTHER'S MAIDEN NAME Dora Crouthers		14. NAME OF HUSBAND OR WIFE Earline Carter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Earline Carter-Marston, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Prostate - Metastatic					INTERVAL BETWEEN ONSET AND DEATH 5 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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.) 177X			
20c. TIME OF INJURY Hour _____ 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 11/11/58 to 12/16/58 and last saw him alive on 12/16/58 Death occurred at 4:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W. K. Blackburn M.D.</i> (Degree or title)			22b. ADDRESS Hagy, Mo		22c. DATE SIGNED 4/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-26-59	23c. NAME OF CEMETERY OR CREMATORY Free Will Cem		23d. LOCATION (City, town, or county) (State) Point Pleasant, Mo.	
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo.		ADDRESS 4-24-59	25. DATE RECD. BY LOCAL REG. 4-24-59		26. REGISTRAR'S SIGNATURE <i>H. L. Ponder Deputy</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Do not check any conditions in Part I unless they are causally related to the death.

[Handwritten signature]

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 *[Handwritten Signature]*

Licensed Embalmer No. *5280*

P. O. Address *Lilbourn, Me*

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.