THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016778
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 525

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Sisters Hospital — Length of stay in 1b: 8 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Doniphan
c. CITY OR TOWN: Troy — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 815 8 — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Frank Middle: Albert Last: Carter

4. DATE OF DEATH: Month: May Day: 15 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 9/25/1894

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): County Sherriff

10b. KIND OF BUSINESS OR INDUSTRY: Law Enforcement

11. BIRTHPLACE (City and state or country): Lincoln Nebraska

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John Carter

13b. MOTHER'S MAIDEN NAME: Mornin Pennington

14. NAME OF HUSBAND OR WIFE: Mae Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: 512-18-6392

17. INFORMANT: Mrs Mae Carter Address: Troy Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Malignant Symphoma — INTERVAL BETWEEN ONSET AND DEATH: 2 mo
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): 2002

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 March 11 1959, to May 15 1959 and last saw her/him alive on May 15 1959
Death occurred at 5 am May 15 1959 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. L. Mothershead (Degree or title): MD

22b. ADDRESS: 2603 Frederick

22c. DATE SIGNED: 5-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 5/15/59

23c. NAME OF CEMETERY OR CREMATORY: Mount Olive

23d. LOCATION (City, town, or county) (State): Troy Kansas

24. FUNERAL DIRECTOR: Vernon B. Tilletta ADDRESS: Troy Kans.

25. DATE RECD. BY LOCAL REG.: May 19, 1959

26. REGISTRAR'S SIGNATURE: John Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. L. Mothershead

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 12 1959

MAY 27 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address Wathena, Ks

VS APR 18 1960

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.