

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS FEB 1 1960

-60-000855

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 09

STATE FILE NUMBER

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dallas</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Twsp.</u> | | Length of stay in 1b <u>9 years</u> | | c. CITY OR TOWN <u>Phillipsburg</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phillipsburg</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Everett</u> Last <u>Carter</u> | | | | 4. DATE OF DEATH Month <u>January</u> Day <u>13</u> Year <u>1960</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Caucasian</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Sept. 14, 1888</u> | 9. AGE (last birthday) <u>71</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>29</u> | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and state or country) <u>Elmore, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY <u>US</u> | |
| 13a. FATHER'S NAME <u>Alpheus Manford Carter</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mable Carter</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. I</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Frank L Carter Kansas City, Missouri</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Self inflicted gunshot wound</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Self inflicted gunshot wound.</u> | | | | | |
| 20c. TIME OF INJURY Hour <u>8</u> a.m. _____ p.m. _____ Month, Day, Year <u>Jan. 13, 1960</u> | | | | | | | |
| 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.) <u>Home</u> | | 20f. CITY, TOWN, OR LOCATION <u>Phillipsburg</u> | | COUNTY <u>Dallas</u> | STATE <u>Missouri</u> |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at <u>8:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Vera Petree</u> (Degree or title) <u>Registrar</u> | | | | 22b. ADDRESS <u>Buffalo, Missouri</u> | | 22c. DATE SIGNED <u>1#18-60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Jan 19, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | | | |
| 24. FUNERAL DIRECTOR <u>Montgomery Funeral Home</u> | | | ADDRESS <u>Buffalo, Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>1/30/60</u> | 26. REGISTRAR'S SIGNATURE <u>Vera Petree</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 24 1960

JUN 14 1960

STATEMENT BY LICENSED EMBALMER

MAR 11 1960

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Simon H. Veck

Licensed Embalmer No. 5083

P. O. Address Buffalo

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.