URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010427

STATE FILE NUMBER

ILED VS MAR 16 1960

Registration District No. 4180/09 Primary Registration District No. 109 4190 Registrar's No. 8

ENDED

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CAMPBELL — Length of stay in 1b: 4 MONS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: IN HOME OF ROY HEDGER — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: SCOTT
c. CITY OR TOWN: ORAN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: EUIN — Middle: ALEXANDER — Last: CARTER

4. DATE OF DEATH: Month: FEBRUARY — Day: 19 — Year: 1960

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/27/1868
9. AGE (last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): MILBOURNE KY.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: ALEXANDER CARTER
13b. MOTHER'S MAIDEN NAME: ELIZABETH JANE DOTSON
14. NAME OF HUSBAND OR WIFE: VIOLET 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: BUFORD CARTER — Address: ORAN MO

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): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of prostate — ?
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 July 1959, to Feb. 19, 1960 and last saw her/him alive on Feb. 10, 1960
Death occurred at 10:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Byron Lean Franklin, M.D.
22b. ADDRESS: Campbell, Mo.
22c. DATE SIGNED: Feb. 20, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: FEB. 21, 1960
23c. NAME OF CEMETERY OR CREMATORY: FRIEND
23d. LOCATION (City, town, or county): ORAN MO.

24. FUNERAL DIRECTOR: Earl J Smith — ADDRESS: ORAN, MO.
25. DATE RECD. BY LOCAL REG.: 3-7-1960
26. REGISTRAR'S SIGNATURE: Mrs Beulah Campbell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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 Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Orrew, Mo

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