

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 24 1960 333

Registration District No. 3074 Primary Registration District No. 3074 Registrar's No. 146

146 -60-025476

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILL. b. COUNTY SALINE				
b. CITY (If outside corporate limits, give TOWNSHIP only) SIRESTON		Length of stay in 1b		c. CITY OR TOWN ELDORADO		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.S. Highway 60 WEST			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R7D #2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last STANLEY GHOLSON CARTER				4. DATE OF DEATH Month Day Year 6-14-1960				
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 10-30-1922	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HATCHERY (CHICKEN)		10b. KIND OF BUSINESS OR INDUSTRY OP. CHICKEN HATCHERY		11. BIRTHPLACE (City and state or country) ELDORADO ILL		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME OTIS A. CARTER			13b. MOTHER'S MAIDEN NAME LETHA GHOLSON			14. NAME OF HUSBAND OR WIFE SEWELL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II			16. SOCIAL SECURITY NO.		17. INFORMANT Address Jewel Carter			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Neck Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) As a Result of a Car Accident 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							INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) CAR RAN OFF HIGHWAY INTO DITCH				
20c. TIME OF INJURY Hour 11:30 a.m. Month, Day, Year 6 14 1960		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 60 WEST		20f. CITY, TOWN, OR LOCATION COUNTY STATE SIRESTON SCOTT MO.		
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Loyle Rae (CORNER)				22b. ADDRESS Sireston MO.		22c. DATE SIGNED 6-15-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 6-14-1960	23c. NAME OF CEMETERY OR CREMATORY LINDALE MEMORIAL GARDENS - ELDORADO - ILL		23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR ADDRESS Welsh Funeral Home - Sireston Mo				25. DATE RECD. BY LOCAL REG. 6-14-60		26. REGISTRAR'S SIGNATURE Mrs Ella Hunter		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 2 8 NDF

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 _____
Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Lekeston 70

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