

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031049

FILED VS AUG 22 1960

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 132

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carterville, Mo.</u>		Length of stay in 1b <u>4 yrs.</u>	c. CITY OR TOWN <u>Carterville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>317 Cass.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>317 Cass</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Weldon</u> Middle <u>James</u> Last <u>Carter</u>			4. DATE OF DEATH Month <u>August</u> Day <u>14</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>11-15-1869</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroader</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco R.R.</u>		11. BIRTHPLACE (City and state or country) <u>Greene Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Orrin Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Alpha Malinda, <del>Davis</del></u>		14. NAME OF HUSBAND OR WIFE <u>Silvia Jane Mills</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Vivie C. Holman</u> Address <u>317 Cass Carterville, Mo.</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>C.A. Transverse colon</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 type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <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 June 15, 1960 to 8-14-60 and last saw her/him alive on 8-14-60  
Death occurred at 12:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Carterville, Mo</u>	22c. DATE SIGNED <u>8/15/60</u>
--	--	------------------------------------

23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>August 16, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cemetery R.R.</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
---	-------------------------------------	--	--

24. FUNERAL DIRECTOR <u>J.W. Birch</u> Address <u>Beth Grove, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-15-60</u>	26. REGISTRAR'S SIGNATURE <u>L.J. Lewis Jr. (By Reg)</u>
--	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Richard E. Watts

Licensed Embalmer No. 465  
P. O. Address Ash Grove

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