

FILED VS SEP 21 1960

STANDARD CERTIFICATE OF DEATH

-60-035429

Registration District No. 385 Primary Registration District No. 3039 STATE FILE NUMBER
Registrar's No. 148

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1-57

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE</u>		c. CITY OR TOWN <u>MARCELINE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRA. CIS HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>126 W CHICAGO</u>	
3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>L</u> Last <u>CARTER</u>		4. DATE OF DEATH Month <u>9</u> Day <u>13</u> Year <u>1960</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1904</u> <u>1/7/1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		11. BIRTHPLACE (City and state or country) <u>SALISBURY, MO</u>	
13a. FATHER'S NAME <u>JOHN</u>		14. NAME OF HUSBAND OR WIFE <u>ADA</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR II</u>		17. INFORMANT Address <u>ADA CARTER MARCELINE, 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>Metastatic Carcinoma</u> <u>Carcinoma Lung & upper lobe</u> 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) _____			INTERVAL BETWEEN ONSET AND DEATH <u>163X</u>
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. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT 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 <u>1957</u> to <u>9-13-60</u> and last saw her alive on <u>9-12-60</u> Death occurred at <u>2:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>Marceline, Mo</u>	
22c. DATE SIGNED <u>9-12-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
<u>B</u>		<u>9/15/1960</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET</u>		23d. LOCATION (City, town, or County) (State) <u>MARCELINE, MO</u>	
24. FUNERAL DIRECTOR <u>JAMES MCLAUGHLIN</u>		25. DATE RECD. BY LOCAL REG. <u>9/14-60</u>	
ADDRESS <u>MARCELINE, MO</u>		26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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MAY 21 1962

SEP 27 1960

VS MAY 25 1961

SEP 21 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Gerald F. Wade*

Licensed Embalmer No. *4172*

P. O. Address *Brown*

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.