

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 21 1960

-60-039147

INDEXED

Registration District No. 242 Primary Registration District No. 4364 Registrar's No. 40

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY McDonagh	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stehha		Length of stay in 1b 1 WK	c. CITY OR TOWN STehha Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Mem. Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT 1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mohhie Middle Behh Last CARTER			4. DATE OF DEATH Month 8 Day 20 Year 1960		
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-8-1894	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 1 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and state or country) Cychove Mo		12. CITIZEN OF WHAT COUNTRY U.S
13a. FATHER'S NAME JOHN W COOK		13b. MOTHER'S MAIDEN NAME DEHHA COWAN		14. NAME OF HUSBAND OR WIFE DANNIE S. 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. 492-42-8196		17. INFORMANT D. S. CARTER, Stehha, Mo RT 1	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 hr
IMMEDIATE CAUSE (a) Medullary Failure		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Due to anoxia	
DUE TO (c) Due to acute dehydration (Probable intestinal carcinoma)		
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 checked="" 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 1959 to 9-20-60 and last saw her ^{her} _{alive} on 9-20-60		Death occurred at 9/30am on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) D. S. Fountain DO		22b. ADDRESS Roll, Mo		22c. DATE SIGNED 9-10-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-22-60	23c. NAME OF CEMETERY OR CREMATORY Union Cem	23d. LOCATION (City, town, or county) (State) Stehha Mo (R)	
24. FUNERAL DIRECTOR Humphrey & Son J. H. Hume		25. DATE RECD. BY LOCAL REG. 9-14-60	26. REGISTRAR'S SIGNATURE Medree Moberly	

(Licensed Embalmer's Statement on Reverse Side)

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 Wayne E. Humpal

Licensed Embalmer No. 4262

P. O. Address Parisville

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