

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000456

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 564

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>BUTLER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Poplar Bluff</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If outside, give location) <b>#12 Valley</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Alenza</b> Middle <b>Carter</b> Last <b>Carter</b>			4. DATE OF DEATH Month <b>1</b> Day <b>26</b> Year <b>1962</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>UNKNOWN</b>	9. AGE (last birthday) <b>92yrs.</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and state or country) <b>STATE GEORGIA</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT Address <b>Wilbert L. Carter, 4039 Page, St. Louis</b>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio sclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 MO</b>
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) <b>Chronic Nephritis - Chronic Prostatitis</b>	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <b>4 P.</b> Month, Day, Year <b>1-24-62</b>	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.) <b>#12</b>	20f. CITY, TOWN, OR LOCATION <b>Poplar Bluff</b> COUNTY <b>BUTLER</b> STATE <b>MO</b>
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21. I attended the deceased from **1-24-62** to **1-26-62** and last saw her/him alive on **1/24/62**  
Death occurred at **4 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Stollery M.D.</b> (Degree or title)	22b. ADDRESS <b>Poplar Bluff Mo</b>	22c. DATE SIGNED <b>1/31/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>1/30/1962</b>	23b. DATE <b>1/30/1962</b>	23c. NAME OF CEMETERY OR CREMATOR <b>City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo</b>
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24. FUNERAL DIRECTOR <b>Peoples - Poplar Bluff, Mo.</b> ADDRESS <b>Peoples - Poplar Bluff, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2/7/62.</b>	26. REGISTRAR'S SIGNATURE <b>Thelma Keenan</b>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Willie R. Davis

Licensed Embalmer No. 5729

P. O. Address Charleston, Md.

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.