MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-026370
STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4102 Registrar's No. 79

FILED JUL 16 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0201
2 0201 2
3
4 0
5 1
6
7 0
8 0
9 4200
10
11
12 90-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: El Dorado Springs — Length of stay in lb: 25 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 810 S. Kirkpatrick — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cedar
c. CITY OR TOWN: El Dorado Springs — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 810 S. Kirkpatrick — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: James Middle: Franklin Last: Carter

4. DATE OF DEATH: Month: July Day: 9 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-26-1893

9. AGE (last birthday): 68

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Grocery & Stone

11. BIRTHPLACE (City and state or country): Duenewag, Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: William Henry Carter

13b. MOTHER'S MAIDEN NAME: Alice White

14. NAME OF HUSBAND OR WIFE: Mamie I. Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mamie I. Carter, ElDorado Sps., Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — Years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 6/15/59, to 7/7/62 and last saw her/him alive on 7/7/62
Death occurred at DOA 8:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm C Sunderwirth, D.O.

22b. ADDRESS: ElDorado Springs, Missouri

22c. DATE SIGNED: 7/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7-11-62

23c. NAME OF CEMETERY OR CREMATORY: El Dorado Sps. Cemetery

23d. LOCATION (City, town, or county) (State): ElDorado Springs, Mo.

24. FUNERAL DIRECTOR ADDRESS: Gwinn-Carothers, ElDorado Sps. Mo.

25. DATE RECD. BY LOCAL REG.: 7/11/1962

26. REGISTRAR'S SIGNATURE: Joe E. Durham

(Licensed Embalmer's Statement on Reverse Side)

JUL 19 1962

No permit obtained

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 John M Ewson, Student Embalmer No. 6161 working under my personal supervision.

Student John M Ewson
Signature of Student Embalmer

Signed Mary W. Pickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs, Mo.

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.