

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039303

STATE FILE NUMBER

Registration District No. 173 Primary Registration District No. 4269 Registrar's No. 88

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>FILED OCT 30 1962</b>  |   | 1. PLACE OF DEATH<br>a. COUNTY <u>Lafayette</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Corder</u>  |   | Length of stay in 1b<br><u>3 wks.</u>  |  | c. CITY OR TOWN <u>Higginsville</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>1/8 mile north</u>  |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><u>109 West 20th.</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Mamie</u> Middle <u>Arnold</u> Last <u>Carter</u>   |   |  | 4. DATE OF DEATH<br>Month <u>Oct.</u> Day <u>25</u> Year <u>1962</u> |  |  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH <u>5-20-1895</u>                                    | 9. AGE (last birthday) <u>67</u>   | IF UNDER 1 YEAR<br>Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>   |  | 11. BIRTHPLACE (City and state or country)<br><u>Urbana, Missouri</u>  |  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   | 13a. FATHER'S NAME<br><u>John James Arnold</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Susan Malinda Pharris</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>William E. Carter</u>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |  | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT<br><u>Claude Carter</u>   |   | Address<br><u>Corder, Missouri</u>   |  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Vascular Tachy cardia</u><br>DUE TO (b) <u>As. H.P. with ischemia</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Pt has had attacks of tachycardia several yrs.</u>  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |   | 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.)  |   | 20f. CITY, TOWN, OR LOCATION   |  | COUNTY _____ STATE _____   |  |
| 21. I attended the deceased from <u>1-27-57</u> to <u>Oct. 25, 1962</u> and last saw her alive on <u>Oct. 18, 1962</u><br>Death occurred at <u>2:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>William E. Bueherson M.D.</u>  |   | 22b. ADDRESS<br><u>Higginsville Mo</u>   |  | 22c. DATE SIGNED<br><u>10-26-62</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>10-28-1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Bowers Chapel Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Urbana, Missouri</u>   |  |
| 24. FUNERAL DIRECTOR<br><u>Orrest A. Hoefler</u>  |   | ADDRESS<br><u>Higginsville, Mo.</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>Oct. 29. 62</u>   |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Lutie Gordon Jordan</u>   |   |  |  |  |  |

Delivered to Higginsville Clinic  
October 26, 1962.

**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 Frederic R. Hofer

Licensed Embalmer No. 4358

P. O. Address Higginsville, Missouri

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.