

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15634**  
Registrar's No. **215**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>mo</b> b. COUNTY <b>Henry</b>	
b. CITY OR TOWN <b>Clinton mo</b>		c. CITY OR TOWN <b>Clinton mo 1923</b>	
c. LENGTH OF STAY (In this place) <b>18 hours</b>		d. STREET ADDRESS (If rural, give location) <b>712 E Green st</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton Genl Hosp</b>			

3. NAME OF DECEASED a. (First) <b>Maggie</b> b. (Middle) <b>Ethel</b> c. (Last) <b>Carter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 9 1954</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug 3 1894</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home work</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Henry Co. mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Wm Witham</b>		13b. MOTHER'S MAIDEN NAME <b>Lizzie Plecker</b>		14. NAME OF HUSBAND OR WIFE <b>Robert S Carter</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Robert S Carter</b> ADDRESS <b>Clinton mo</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA VULVAE</b>						<b>3 YR</b>	
		ANTECEDENT CAUSES							
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <b>176 X</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1951, to **9 MAY**, 1954, that I last saw the deceased alive on **8 MAY**, 1954, and that death occurred at **7:27 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Hugh B. Walker, MD</b>		23b. ADDRESS <b>Clinton, Mo.</b>		23c. DATE SIGNED <b>10 May 1954</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/10/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton mo</b>	
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DATE REC'D BY LOCAL REG. <b>May-10-54</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b> <b>422</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J E Gonzales</b> ADDRESS <b>Clinton mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 17 1954

**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 .....  
Student Embalmer

Signed

*J E Consolet*  
Licensed Embalmer No. 1891

P. O. Address

*Clinton, 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 this body is not embalmed, fact should be so stated above.