

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017477

STATE FILE NUMBER

JUN 8 1959 Registration District No. 137 Primary Registration District No. 3623 Registrar's No. 149

300
1-57

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp.		Length of stay in 1b 13 days	d. STREET ADDRESS (If outside, give location) 530 S. Orchard		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Caroline Middle L Last Carter			4. DATE OF DEATH Month June Day 5 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 2, 1874	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Taylor Co. Iowa		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ellis Cordell		13b. MOTHER'S MAIDEN NAME Lucinda Garnes		14. NAME OF HUSBAND OR WIFE Robert H. Carter (Deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mildred Carter Address Clinton, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage from esophageal Varices					INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Esophageal Varices					18 mos
DUE TO (c) 4621F					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) contusion of dorsal spine fall in home					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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 Oct. 1945 to June 5-59 and last saw her/him alive on June 5 1959 Death occurred at 3:30 P on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE S B. Hughes, MD (Degree or title)			22b. ADDRESS Clinton Mo		22c. DATE SIGNED 6-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 7, 1959	23c. NAME OF CEMETERY OR CREMATORY Englewood		23d. LOCATION (City, town, or county) (State) Clinton, Missouri	
24. FUNERAL DIRECTOR Consalus ADDRESS Clinton, Missouri		25. DATE RECD. BY LOCAL REG. 6-6-59		26. REGISTRAR'S SIGNATURE Mildred Begum	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

www, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Eugene R. Consalvo*

Licensed Embalmer No. *4680*
P. O. Address *Clinton, N.Y.*

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.