

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029017

STATE FILE NUMBER

AMENDED

REGISTERED DISTRICT NO. 137 Primary Registration District No. 4218 REGISTRAR'S NO. 193
 FILED AUG 28 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Length of stay in 1b 43 years	c. CITY OR TOWN Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Resyhaven Nursing		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 104 E. Florence		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mittie C. Carter			4. DATE OF DEATH Month Day Year August 13, 1961			
5. SEX F	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 1878	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Urich, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John W. Hall		13b. MOTHER'S MAIDEN NAME Bersheba Cornett		14. NAME OF HUSBAND OR WIFE J.S. Carter		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. John Bailey, Camden, 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) <i>Circulatory Collapse</i> DUE TO (b) <i>Coronary Occlusion</i> DUE TO (c) <i>Coronary Atherosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertension, Essential</i>					INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i> <i>Instant</i> <i>1 year</i>	
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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 <i>Feb 1957</i> to <i>13 Aug 1961</i> and last saw her alive on <i>8/3/1961</i> Death occurred at <i>8:55 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (De signer or title) <i>William J. Smith M.D.</i>		22b. ADDRESS <i>Windsor, Mo.</i>		22c. DATE SIGNED <i>8/18/61</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8-16-'61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Windsor, Mo.</i>			
24. FUNERAL DIRECTOR <i>Huston Funeral Home, Windsor, Mo.</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>Aug. 21, 1961</i>	26. REGISTRAR'S SIGNATURE <i>Wildred Biggers</i>		

AUG 29 1961

OCT 30 1961

SEP 22 1961

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 Ellen Houston

Licensed Embalmer No. 3291

P. O. Address Windsor, 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.