

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-006321
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 64

AMENDED

FILED MAR 12 1962

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| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> | | c. CITY OR TOWN <u>Clinton</u> | |
| Length of stay in 1b <u>1 Hr.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Osteopathic Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>RFD. # 4,</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>MABEL</u> Middle <u>LEE</u> Last <u>CARTER</u> | | | 4. DATE OF DEATH Month <u>March</u> Day <u>3</u> Year <u>1962</u> | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6/21/1896</u> | 9. AGE (last birthday) <u>65</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Henry Co., Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>John Miller</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah May Baumann</u> | 14. NAME OF HUSBAND OR WIFE <u>Ora Carter</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>RFD. #4, Monroe Carter, Clinton, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>3 hrs</u> <u>8 hrs</u> |
| IMMEDIATE CAUSE (a) | <u>Pulmonary Edema</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Acute Myocardial Insufficiency</u> | |
| | DUE TO (c) <u>Cerebral hemorrhage</u> | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u> | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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.) |
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| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> | Month, Day, Year |
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| 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 <u>Clinton, Mo.</u> | COUNTY <u></u> STATE <u></u> |
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21. I attended the deceased from 1-1-60 to 3-3-62 and last saw her/him alive on 3-3-62
Death occurred at 4:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Clinton L. Glespy</u> (Degree or title) | 22b. ADDRESS <u>Clinton, Mo.</u> | 22c. DATE SIGNED <u>3/3/62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>March 5, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Clinton, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Vansant Funeral Home, Clinton, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Mar. 5, 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> |
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DATE AMENDED
BY AFFIDAVIT OF
MEDICAL CERTIFICATION
INSTEAD OF
SHOULD READ

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 W. J. Vansant

Licensed Embalmer No. 3779

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.