

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-023467

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 147

FILED JUN 21 1965

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0421
2 0421
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4 0
5 1
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7 0
8 2
9 540.0
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12 3.0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

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 50yrs	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 Windsor Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 207 S. Windsor St., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ALVA FREDERICK CARTER			4. DATE OF DEATH Month June Day 6 Year 1965
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/19/'02
9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		10b. KIND OF BUSINESS OR INDUSTRY Post Office	11. BIRTHPLACE (City and state or country) Leesville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Jerome Carter	
13b. MOTHER'S MAIDEN NAME Mattie Chastain		14. NAME OF HUSBAND OR WIFE Delia Braden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 492-48-2137	17. INFORMANT Address Delia Carter, Windsor, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Cardio-Vascular Collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe Gastro Intestinal Hemorrhage DUE TO (c) Bleeding Gastric Ulcer			INTERVAL BETWEEN ONSET AND DEATH 8 hrs. 6 days. 6-7 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. R. Renal calculus and Hypertensive Arteriosclerosis			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
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			
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 4-16-'58 to 6-6-65 and last saw him alive on 6-6-65 Death occurred at 2.58 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
21. SIGNATURE (Type or print) Claude M. Thibbs, M.D.		22b. ADDRESS Windsor, Mo.	22c. DATE SIGNED 6-14-65
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/8/65	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	23d. LOCATION (City, town, or county) (State) Windsor, Mo.
24. FUNERAL DIRECTOR ADDRESS Huston Funeral Home, Windsor, Mo		25. DATE RECD. BY LOCAL REG. 6-16-65	26. REGISTRAR'S SIGNATURE Mildred Bigum <i>(M.B.)</i>

USE BLACK INK OR TYPEWRITER RIBBON

MAR 2 1966

JUN 23 1965

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 Ellis M. Hurston

Licensed Embalmer No. 3391

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.

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0-1-66