

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0001341
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 24

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 23 1967

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Henry	b. CITY (If outside corporate limits, give TOWNSHIP only) Windsor	a. STATE Mo	b. COUNTY Henry
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Conv. Home		c. CITY OR TOWN Windsor,	d. STREET ADDRESS (If outside, give location) 408 E. Jackson St.
3. NAME OF DECEASED (Type or print) THOMAS D. CARTER		4. DATE OF DEATH January 13, 1967	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/18/1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 91
13a. FATHER'S NAME William A. Carter		13b. MOTHER'S MAIDEN NAME Sarah K. DuVall	14. NAME OF HUSBAND OR WIFE Alta
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. 497-12-1596	17. INFORMANT Mrs. Alta Carter
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
IMMEDIATE CAUSE (a) Circulatory collapse			instant
DUE TO (b) Senility			3 years
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes			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 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 10-11-63 to 1-13-67 and last saw him ^{her} alive on 1-13-67 Death occurred at 2:50p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William J. Smith MD</i>	(Degree or title)	22b. ADDRESS 103 W. Colt St. Windsor, Mo.	22c. DATE SIGNED 1/16/1967
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/16/1967	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	23d. LOCATION (City, town, or county) Windsor, Missouri
24. FUNERAL DIRECTOR Huston-Hadley	ADDRESS Windsor, Missouri	25. DATE RECD. BY LOCAL REG. JAN. 19, 1967	26. REGISTRAR'S SIGNATURE <i>Mildred Begim</i>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED DOCUMENT

ITEM NO.	SHOULD READ
3	2
4	0
5	1
6	
7	0
8	2
9	260X
10	
11	
12	86-0
13	1-0

JAN 25 1967

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 Robert H. Kelly

Licensed Embalmer No. 5220

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.