

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67-0006075
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5507 Registrar's No. 57

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 20 1967			
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Henry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Davis Twp.</u> Length of stay in lb _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>His home Rt. 4 Clinton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u></p> <p>c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>Rt. # 4, Clinton, Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
<p>3. NAME OF DECEASED First <u>Monroe</u> Middle <u>Carter</u> Last _____</p>			
<p>4. DATE OF DEATH <u>Feb. 16, 1967</u></p>			
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>2/6/1920</u></p>
<p>9. AGE (last birthday) <u>47</u> IF UNDER 1 YEAR IF UNDER 24 HR Months <u>0</u> Days <u>10</u> Hours _____ Min. _____</p>			
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY _____</p>	
<p>11. BIRTHPLACE (City and state or country) <u>Henry Co., Mo.</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>Ora Carter</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Mable Miller</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Ruth B. Carter</u></p>			
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.M. 2</u></p>		<p>16. SOCIAL SECURITY NO. <u>489 24 1235</u></p>	
<p>17. INFORMANT <u>Mrs. Monroe Carter, Clinton, Mo.</u></p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Acute Myocardial Insufficiency</u></p> <p style="text-align: center;">DUE TO (b) <u>Acute Myocardial Infarction</u></p> <p style="text-align: center;">DUE TO (c) <u>Coronary Artery Occlusion</u></p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p>		<p>INTERVAL BETWEEN ONSET AND DEATH <u>Seconds</u> <u>8 hours</u> <u>8 hours</u></p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____</p>			
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	
<p>20f. CITY, TOWN, OR LOCATION _____</p>		<p>COUNTY _____ STATE _____</p>	
<p>21. I attended the deceased from <u>1962</u> to <u>2-16-67</u> and last saw her/him alive on <u>2-16-67</u> Death occurred at <u>11:15 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <u>C.L. Glespy, D.O.</u></p>		<p>22b. ADDRESS <u>Clinton, Mo.</u></p>	
<p>22c. DATE SIGNED <u>2/17/67</u></p>			
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>Feb. 20, 1967</u></p>	
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) <u>Clinton, Mo.</u></p>	
<p>24. FUNERAL DIRECTOR <u>Vansant Funeral Home, Clinton, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>Feb. 18, 1967</u></p>	
<p>26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u></p>			

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAR 1 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 *H. Clausant*

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.

Permit Obtained 2-18-67
1115