

FILED NOV 4 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0040490

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 247DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/689. 010a. 76

10b.

11. 012. 113. H10.9

14.

15. 4

16.

17.

18. 2

19. CREDITS

20. 1-04. 04255. 90**DECEASED**USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.6. 0425**PARENTS****CAUSE****CERTIFIER****BURIAL**

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Henry		(none)	Carter	2. Male	3. October 24, 1968			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. White		5a. 76	5b. 6	5c. 11	6. Jan 31, 1892		7a. Henry	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Clinton Missouri			7c. Yes		7d. 415 South Water St.			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Missouri		9. USA		10. Married		11. Elsie Harrelson		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. 90 05 9130		13a. Contractor		13b. Concrete				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
14a. Mo.		14b. Henry	14c. Clinton		14d. Yes		14e. 637 W. Ohio St.	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. Martin		Carter		16. Mary Frances Woody				
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Robert Carter				17b. Clinton, Missouri 64735				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		18a. Cardiac Arrest					18b. Seconds	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(a) Acute Coronary Artery Occlusion					18c. Seconds	
		(b) Coronary artery sclerosis					18d. Years	
		(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)		IF YES, WHERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
					19a. No		19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c.		20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)			LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.		20f.			20g.			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH	DAY	YEAR	TO	MONTH	DAY	YEAR
21a. 11/2/66		21b. 10/24/68		21c. 10/24/68		21d. D.J.		21e. 2:00 PM
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.					HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD	
22a.					22b.		22c.	
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a. JAMES C. Clouse				23b. James C. Clouse		23c. MD		23d. 10-25-68
MAILING ADDRESS—CERTIFIER				STREET OR R.F.D. NO.		CITY OR TOWN		STATE
23e. 165 E. Ohio				23f. Clinton, Mo		23g. 64735		23h.
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION			
24a. Burial		24b. Englewood			24c. Clinton, Missouri			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24d. Oct 26, 1968		24e. Consalus, 209 S. Second St. Clinton, Mo. 65735						
FUNERAL DIRECTOR—SIGNATURE				REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. E. K. Consalus				25b. Mildred Bigum		25c. Oct 28, 1968		

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

NOV 8 1968

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 Eugene R. Conzelmann

Licensed Embalmer No. 4680

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 10-28-68

(Handwritten initials)