

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Shaeffler
State File No. 15691

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. JB

BIRTH NO.		REG. DIST. NO. 142		PRIMARY REG. DIST. NO. 4231		Registrar's No. JB		
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Howell				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View		c. LENGTH OF STAY (In this place) 8 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View		46		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle) W.		c. (Last) Carter		4. DATE OF DEATH (Month) (Day) (Year) May 5-1949	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 31, 1881		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Carter			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nora Carter			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nora Carter Mtn View, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION now		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) now		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? now				
22. I hereby certify that I attended the deceased from April 20, 1949 , to May 5, 1949 , (that) last saw the deceased alive on May 5, 1949 , and that death occurred at 7p m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) James R. Shaeffler M.D.				23b. ADDRESS 1009 Mtn View, Mo.		23c. DATE SIGNED 5/23/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 7-49	24c. NAME OF CEMETERY OR CREMATORY Harlow Gemetery		24d. LOCATION (City, town, or county) (State) Mtn View, Mo.			
DATE REC'D BY LOCAL REG. 5/25/49		REGISTRAR'S SIGNATURE Laura McCall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo.		26		

RECEIVED 5/31/49

District Health Officer No. 8,

District File Number 649410

Date Filed 6/3/49

AUG 3 1949

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *J. R. Amman*

Licensed Embalmer No. *4326*

P. O. Address *121 West M*

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 this body is not embalmed, fact should be so stated above.