

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34261**

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (in this place) OR TOWN <u>year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		54 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>River Front St.</u>				d. STREET ADDRESS (If rural, give location) <u>River Front St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>Andrew</u>		c. (Last) <u>Carter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 4 1949</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Mar. 8, 1883</u>	
9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR <u>6</u>		11. UNDER 1 MRS. Days Hours Min. <u>26</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Milan, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Benjamin F. Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Gray</u>		14. NAME OF HUSBAND OR WIFE <u>Alta James</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alta Carter, Lexington, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Died suddenly from natural causes probably coronary embolism</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>history of shortness of breath & pain in chest</u>				_____	
		DUE TO (c) <u>none noted</u>				_____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		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? _____			
22. I hereby certify that I attended the deceased from <u>called as coroner</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 4, 1949</u> , and that death occurred at <u>12 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. E. Martin M.D. Coroner</u> (Degree or title)				23b. ADDRESS <u>Odesse Mo</u>		23c. DATE SIGNED <u>10-4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 19, 1949</u>		REGISTRAR'S SIGNATURE <u>Thomas E. Eubank</u>		FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Forest Funeral Home, Lexington, Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 9

District Health Officer No. 8,

District File Number _____

Date Filed: 11-9-49

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 _____
Student Embalmer

Signed

J. S. McKean

Licensed Embalmer No. 2983

P. O. Address Leungton, N.Y.

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.