

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3709**

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6277** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boone TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boone TWP.	
c. LENGTH OF STAY (In this place) 50 Yrs		d. STREET ADDRESS (If rural, give location) 3 Mi. North Hartville	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Sybil b. (Middle) Susannah c. (Last) Carter			4. DATE OF DEATH (Month) (Day) (Year) 1 2 1950		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 6-30-1858	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Days 6 IF UNDER 11 HRS. Min. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Wisconsin	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME Horace Rockwell	13b. MOTHER'S MAIDEN NAME Kathryn Lease	14. NAME OF HUSBAND OR WIFE Corraelius Carter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Norman Gates Hartville, Mo. ADDRESS

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		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Hand		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Right Hand) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1991	

19a. DATE OF OPERATION	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Jan 10, 1949**, to **Jan 2, 1950**, that I last saw the deceased alive on **Dec 2, 1949** and that death occurred at **8:30A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. R. Matt, M.D.	23b. ADDRESS Hartville Mo.	23c. DATE SIGNED 1-6-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-3-1950	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.
24d. LOCATION (City, town, or county) (State) Hartville, Mo.		

DATE REC'D BY LOCAL REG. 1-10-50	REGISTRAR'S SIGNATURE E. Garner	346	25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Holden ADDRESS Hartville Mo.
---	--	-----	---

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

140
/

RECEIVED JAN 16 1950
District Health Office No. 6,
District File Number 150-104
Date Filed 1-19-50

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.

Signed Gene E. Aldren

Signed _____
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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 this body is not embalmed, fact should be so stated above.