

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 14204

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Huntsville</u>		c. CITY OR TOWN <u>Centralia</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS <u>R.F.D. # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Centralia Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April - 10 - 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 13 - 1871</u>
9. AGE (in years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Geo. J. Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Letha Henelberg</u>	
14. NAME OF HUSBAND OR WIFE <u>Never Married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Best Carter, Centralia, Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compensatory Heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) (Minute)		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>7 Apr 1950</u> to <u>9 Apr 1950</u> , that I last saw the deceased alive on <u>8 Apr 1950</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John A. Haydock D.D.V.</u>		23b. ADDRESS <u>Cairo Mo</u>	
23c. DATE SIGNED <u>10 Apr 50</u>		24. BURIAL, CREMATION, REMOVAL (Specify)	
24a. DATE <u>4-12-50</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove</u>	
24c. LOCATION (City, town, or county) (State) <u>Centralia, Mo. R.F.D. #1</u>		24d. LOCATION (City, town, or county) (State)	
DATE RECD BY LOCAL REG. <u>4/15/1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. S. A. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul D. Ballou, Centralia, Mo</u>		ADDRESS	

by Mary H. Schreyer R.F.

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

0880

RECEIVED APR 17 1950  
District Health Officer No. \_\_\_\_\_  
District File Number 4-50-66  
Date Filed APR 17 1950

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 Paul S. Bellus

Licensed Embalmer No. 4206

P. O. Address Centerville, 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.