

FILED MAY 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 16428

BIRTH NO. 13894-50 REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 2000 Registrar's No. 491

1. PLACE OF DEATH a. COUNTY GREENE		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) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Mansfield	
c. LENGTH OF STAY (in this place) 5 hrs.		d. STREET ADDRESS (If rural, give location) Box 14	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Linda Catherine			b. (Middle)			c. (Last) Carter			4. DATE OF DEATH (Month) (Day) (Year) May 24 1950		
5. SEX f.	6. COLOR OR RACE w.		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Child		8. DATE OF BIRTH March 11-1950			9. AGE (In years last birthday) 10 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (State or foreign country) Mo.			12. CITIZEN OF WHAT COUNTRY USA		

13a. FATHER'S NAME Lewis Carter		13b. MOTHER'S MAIDEN NAME Gloria Boart		14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Father - Lewis Carter	
				ADDRESS Mansfield	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. Cardiac Failure				3 days	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Toxic Supercarditis DUE TO (c) Ac. Infectious Disease					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				5710	
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 **May 23, 1950**, to **May 24, 1950**, that I last saw the deceased alive on **May 24, 1950**, and that death occurred at **11:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 609 Cherry St Mansfield Mo		23c. DATE SIGNED May 26 1950	
24a. BURIAL CREMATION, REMOVAL (Specify) Buried		24b. DATE 5-26-50		24c. NAME OF CEMETERY OR CREMATORY Mansfield	
				24d. LOCATION (City, town, or county) (State) Mansfield Mo	

DATE REC'D BY LOCAL REG. 5-27-50		REGISTRAR'S SIGNATURE W.E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Halderm	
				ADDRESS Hartsville Mo	

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

0396

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 Gene E. Halden.....

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.