

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31442**

BIRTH NO. _____ REG. DIST. NO. **305** PRIMARY REG. DIST. NO. **6097** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give town) Wentzville-Rural		c. CITY (If outside corporate limits, write RURAL and give township) Wentzville Mo Rural	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 4 miles South	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Arelia	b. (Middle) —	c. (Last) Carter	4. DATE OF DEATH (Month) (Day) (Year) Aug 10 1950
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5. SEX Female	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Jan 20 1877	9. AGE (In years last birthday) 73	UNDER 1 YEAR Months 6 Days 21	OF UNDER 18 Hrs. 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Morton	13b. MOTHER'S MAIDEN NAME Catherine Phillip Giles Carter	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mable Morton	ADDRESS Wentzville Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 weeks 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Senile arteriosclerosis		
	DUE TO (b)		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4221

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **June 1946** to **Aug 1950**, that I last saw the deceased alive on **Aug 5, 1950**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.C. Mc Murry M.D.	23b. ADDRESS Wentzville, Mo	23c. DATE SIGNED 8/17/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 13-50	24c. NAME OF CEMETERY OR CREMATORY Hopewell	24d. LOCATION (City, town, or county) (State) Wentzville Mo
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DATE REC'D BY LOCAL REG. Aug 17 1950	REGISTRAR'S SIGNATURE Mark F. Poff	408	25. FUNERAL DIRECTOR'S SIGNATURE J.E. Titman	ADDRESS Funeral Home
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. -----
DISTRICT HEALTH OFFICE No. 4

SEP 14 1960

RECEIVED

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 Annetta M. Estman

Signed-----
Student Embalmer

Licensed Embalmer No. 3055

P. O. Address-----

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.