No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31570

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7986

1. PLACE OF DEATH
a. COUNTY: None
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis, Missouri
c. LENGTH OF STAY (In this place): 56 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ill
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield 8121
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Lloyd
c. (Last): Carter

4. DATE OF DEATH (Month) (Day) (Year): 9 — 21 — 50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: 4-9-1930
9. AGE (In years last birthday): 20 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Coles County, Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Harry Carter
13b. MOTHER'S MAIDEN NAME: Bessie Jane Holley
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown?) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Harry Carter — **ADDRESS**: Fairfield Ill

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medulloblastoma of brain — INTERVAL BETWEEN ONSET AND DEATH: 6 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

19a. DATE OF OPERATION: June 1945
19b. MAJOR FINDINGS OF OPERATION: Brain Tumor as above.
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: 193X

22. *I hereby certify that I attended the deceased from* July 25, *19* 50, *to* Sept. 20, *19* 50, *that I last saw the deceased alive on* Sept. 20, *19* 50, *and that death occurred at* 6:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene T. Standley M.D.
23b. ADDRESS: Barnes Hospital, St. Louis
23c. DATE SIGNED: 9-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-22-50
24c. NAME OF CEMETERY OR CREMATORY: Maple Hill Cem
24d. LOCATION (City, town, or county) (State): Fairfield Ill

DATE REC'D BY LOCAL REG.: SEP 21 1950
REGISTRAR'S SIGNATURE: J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Rowland Mortuary Service Inc. 4121 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Van M. Sizemore

Signed.....
Student Embalmer

Licensed Embalmer No. 4343

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.