

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37947  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 353

1804  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> <u>0804</u>	
c. LENGTH OF STAY (in this place) <u>49 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>300 W. Morgan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>300 W. Morgan</u>			

3. NAME OF DECEASED (Type or Print) <u>AGNES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-8-1950</u>		
a. (First)		b. (Middle)		c. (Last)	
<u>AGNES</u>		<u>Carter</u>		<u>Carter</u>	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-4-1900</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 1 YEAR Hours <u>4</u>	IF UNDER 1 YEAR Min. <u>4</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Olean Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Carter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Carter</u>	ADDRESS <u></u>
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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
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Myocardial Infarction</u> DUE TO (c) <u>Chronic Parenchymatous Nephritis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Parenchymatous Nephritis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Oct 29, 1948, to 11-8, 1950, that I last saw the deceased alive on 11-8, 1950, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. R. Mead, M.D.</u>	23b. ADDRESS <u>116 1/2 W. Main</u>	23c. DATE SIGNED <u>11-11-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-13, 1950</u>	REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Ferguson</u>	ADDRESS <u>Sedalia Mo</u>
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**RECEIVED** 11-20-50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 11-20-50

VS DEC 3 1959

VS DEC 19 1959

**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.....  
Student Embalmer

Signed *F. D. Ferguson*

Licensed Embalmer No. *2172*

P. O. Address *Sedalia*

**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.