

FILED NOV 18 1950 THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38031**

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 3055		Registrar's No. 140	
1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri d. COUNTY Polk			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bolivar		c. LENGTH OF STAY (In this place) 1950		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bolivar		084 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Andrew c. (Last) Carter			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 1950				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 23, 1868	
9. AGE (In years last birthday) 82		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Polk County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Mack Carter		13b. MOTHER'S MAIDEN NAME America Stone		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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lymphatic Carcinoma 1989 Radical dissection - 14y. ago.					INTERVAL BETWEEN ONSET AND 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) _____		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 1944 , 19____, to 10-31 , 19 50 , that I last saw the deceased alive on 10-31 , 19 50 , and that death occurred at 4 A. m., from the causes and on the date stated above.							
23a. SIGNATURE M. J. [Signature] (Degree or title) _____				23b. ADDRESS Bolivar, Mo.		23c. DATE SIGNED 10-31-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Nov. 3, 1950		24c. NAME OF CEMETERY OR CREMATORY Barren Creek Cemetery		24d. LOCATION (City, town, or county) (State) Polk County, Mo.	
DATE REC'D BY LOCAL REG. Nov. 1, 1950		REGISTRAR'S SIGNATURE Ralph [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE 258 [Signature]		ADDRESS Turpin Funeral Home Bolivar, Mo.	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 7 1950

Dist. File 1150-2268

Date Filed 11-15-50

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.....

Licensed Embalmer No. 3053.....

P. O. Address Bolivar, 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.