

41127

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10.48

FILED DEC 27 1950

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 475

1. PLACE OF DEATH a. COUNTY <u>LACROIX</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LACROIX</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>INDEPENDENCE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>INDEPENDENCE</u>	
c. LENGTH OF STAY (in this place) <u>18 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>222 E. LEXINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>222 E. LEXINGTON</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>Estella</u> c. (Last) <u>CARTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 7, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>May 26, 1906</u>		9. AGE (In years last birthday) <u>44 YRS.</u>		10. IF UNDER 1 YEAR Days _____ Hours _____ Min. _____	
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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky, D.K.B.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>PERRY F. ALLEN</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA EWING</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES J. CARTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES CARTER</u> ADDRESS <u>222 E. LEXINGTON</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MITRAL INSUFFICIENCY</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MICROPHASE</u>		<u>2 or 3 yrs.</u>	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>410X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 12-6, 1950, to 12-7, 1950, that I last saw the deceased alive on 12-7, 1950, and that death occurred at 8:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. W. Griffin</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>INDEPENDENCE MO.</u>		23c. DATE SIGNED <u>12-10-50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec. 10, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>	
24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Davis</u> ADDRESS <u>1513 Trotter</u>			
DATE REC'D BY LOCAL REG. <u>Dec 19-1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

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

DEC 20 RECD

**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 *C. E. Davis*

Licensed Embalmer No. 4417

P. O. Address R. C., 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.