

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 41470

FILED DEC 30 1950

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>419</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion 064</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>1265 Collier St.</u>				d. STREET ADDRESS (If rural, give location) <u>1265 Collier St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Japnesse</u> b. (Middle) <u>-</u> c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Celoreo</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 17, 1906</u>		9. AGE (In years last birthday) <u>44</u>	UNDER 1 YEAR Months <u>6</u> Days <u>16</u>	IF UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse work</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Center, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Clifton Carter</u>			13b. MOTHER'S MAIDEN NAME <u>Georgia Thomas</u>		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) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Mason</u> ADDRESS <u>1265 Collier Hannibal Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Thrombosis</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>						?
DUE TO (c) _____	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4222
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) _____ m.		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 <u>12-2</u> , 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on <u>12-2</u> , 19 <u>50</u> , and that death occurred at _____ p. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B. J. Murphy</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Hannibal, Mo.</u>		23c. DATE SIGNED <u>12-12-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>New London</u>	24b. DATE <u>12-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New London Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New London, Rollis MO</u>			
DATE REC'D BY LOCAL REG. <u>12-20-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> ADDRESS <u>Hannibal MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

64F

RECEIVED DEC 27 1950
MARION CO. HEALTH DEPT.
DATE FILED DEC 28 1950

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 Michael J. O'Donnell

Signed.....
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.