

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43617

State File No. 5-65-6
Registrar's No. 176

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 176

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Everton R.R. Ozark native</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Everton R.R. Ozark Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Minnie</u> b. (Middle) <u>E.</u> c. (Last) <u>Carter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-1-1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow 2</u>	8. DATE OF BIRTH <u>4-9-1872</u>
9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeper</u>	
11. BIRTHPLACE (State or foreign country) <u>Lawrence Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>	
13a. FATHER'S NAME <u>Geo. W. Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Barber</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
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. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Geo. Cox</u>		ADDRESS <u>Everton, R.R.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of stomach</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>	
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 <u>June</u> , 19 <u>50</u> , to <u>Dec 1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 20</u> , 19 <u>50</u> , and that death occurred at <u>12:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. J. Koerner M.D.</u>		23b. ADDRESS <u>Miller Mo</u>	
23c. DATE SIGNED <u>Dec 2-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-3-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>M. G. Laffin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Astoria Okla.</u>	
DATE REC'D BY LOCAL REG. <u>12-28-50</u>		REGISTRAR'S SIGNATURE <u>W. S. Bussey</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Leman</u>		ADDRESS <u>Miller Mo.</u>	

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

550

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 15 1951

Dist. File 157-133

Date Filed 1-15-51

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 _____

S. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.