

FILED JAN 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1778

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Chillicothe		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		0592	
d. FULL NAME OF HOSPITAL OR INSTITUTION 717 1/2 Webster St.				d. STREET ADDRESS (If rural, give location) Leeper Hotel			
3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE		b. (Middle) NOMA		c. (Last) CARTER		4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 16, 1882	
9. AGE (In years last birthday) 68		10. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Meadville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		13a. FATHER'S NAME Louis H. Rogers		13b. MOTHER'S MAIDEN NAME Sarah Miller		14. NAME OF HUSBAND OR WIFE John Carter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XX		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rogers Carter, Chillicothe, Mo.			
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) Pneumonia Terminal ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of colon DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days 15 mos 15 & X	
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 Jan. 1, 1950, to Jan 5, 1951, that I last saw the deceased alive on Jan 5, 1951, and that death occurred at 12:20 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph P. Conrad, M.D.				23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED Jan 6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 1-8-51		24c. NAME OF CEMETERY OR CREMATORY Elmwood crematory		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. Jan 6-51		REGISTRAR'S SIGNATURE Frances B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ronald F. Jordan - Chillicothe, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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



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 Ronald F. Gordon

Licensed Embalmer No. 4191

P. O. Address Phillips, 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.