

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6260 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Diggins</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Diggins Mo</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Robert</u> c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>13</u> <u>1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 23, 1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Greenfield Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Thomas Carter</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Carter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>334-222796</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Carter</u>	ADDRESS <u>Diggins Mo</u>
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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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>Arterio-Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No Opert</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct. 15, 1950, to July 13, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at 7:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. R. Schultze, M.D.</u> (Degree or title)	23b. ADDRESS <u>Fred L. Mo.</u>	23c. DATE SIGNED <u>1/17/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-16-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seismour</u>	24d. LOCATION (City, town, or county) (State) <u>Seismour Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-19-51</u>	REGISTRAR'S SIGNATURE <u>Lester W. Wood</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley L. Kelley</u>	ADDRESS <u>Lewell Bergman, Seismour Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

RECEIVED JAN 28 1927

Dist. File 151-177

Date Filed 1-22-27

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 M. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.