

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13133

State File No.

55

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3.036 Registrar's No. 40

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>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>	
c. LENGTH OF STAY (In this place) <u>22 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>602 HIGHLAND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>602 Highland Ave.</u>		e. STREET ADDRESS <u>602 HIGHLAND</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALONZO</u>		b. (Middle) _____	
c. (Last) <u>CARTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 25, 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>August 16, 1870</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ALEX CARTER</u>	
13b. MOTHER'S MAIDEN NAME <u>MARGARET MALLER</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA CARTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. O. B. HUGHES</u>		ADDRESS <u>Aurora, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Stomach</u> INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastases to the Lung and Esophagus</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20c. (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>April 19, 1951</u> to <u>April 24, 1951</u> , that I last saw the deceased alive on <u>April 22, 1951</u> , and that death occurred at <u>8:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kenneth L. Kealey M.D.</u> (Degree or title)		23b. ADDRESS <u>5117 Mc Natt Ave.</u>	
23c. DATE SIGNED <u>4/27/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4/29/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene H. Parrent</u> ADDRESS <u>Aurora</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 24-51</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>	

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

RECEIVED APR 30 1951

Dist. File 451-939

Date Filed 4-30-51

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Gene H. Parents

Licensed Embalmer No. 4809

P. O. Address. Aurora, 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.