S. No. 300
v. 10.48

FILED MAY 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15966

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 82

0240

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty
c. LENGTH OF STAY (in this place): 24 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Liberty RR 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty 0240
d. STREET ADDRESS (If rural, give location): Liberty RR 3 0

3. NAME OF DECEASED (Type or Print): a. (First) Graham b. (Middle) William c. (Last) Carter

4. DATE OF DEATH (Month) May (Day) 5 (Year) 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: June 27 ~~1893~~ 1891
9. AGE (In years last birthday): 59 58 | IF UNDER 1 YEAR Months 10 Days 8 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co.
11. BIRTHPLACE (State or foreign country): Lancaster Kansas 1
12. CITIZEN OF WHAT COUNTRY? US.

13a. FATHER'S NAME: George Carter
13b. MOTHER'S MAIDEN NAME: Annie Graham
14. NAME OF HUSBAND OR WIFE: Cecil Elizabeth Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-10-0700
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Cecil Carter ADDRESS: Liberty 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 mins.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic heart disease — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug. 20, 1951 N.C. Stone
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 18, 1947, *to* May 5, 1951, *that I last saw the deceased alive on* April 30, 1951, *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. O. Schroeder, M.D.
23b. ADDRESS: Liberty, Mo.
23c. DATE SIGNED: 5/7/51

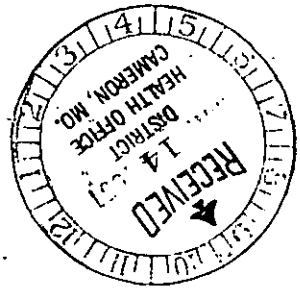
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 8 1951
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Liberty Mo.

DATE REC'D BY LOCAL REG.: May 8. 1951
REGISTRAR'S SIGNATURE: Minnie Haynes 64
25. FUNERAL DIRECTOR'S SIGNATURE: Church-Archer Co. ADDRESS: Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Corr by aff.

JUN 30 1951



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 John Lombardy

Licensed Embalmer No. 4448

P. O. Address Liberty 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.

State of Missouri } ss.
County of Clay

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. [illegible]
Local Registrar's No. 32

On this 16 day of MAY, 1951, before me appears John Lombary, who, upon his oath, states that the original record of ~~birth~~ death for GRAHAM WM. CARTER, ~~born~~ died MAY 15, 1951, in the State of Missouri, and which was filed at Liberty on May-5, 1951, should be corrected as follows:

Item No. 8 should read June-27-1891
Instead of June 27- 1893

Item No. 9 should read 59 years- 10 months- 8 days
Instead of 57 years- 10 months- 8 days

Item No. ____ should read ____
Instead of ____

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Instead of ____

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Instead of ____

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Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John Lombary Mortician
Relationship.

Liberty Mo.
Present Address.

Subscribed and sworn to before me this 16th day of May, 1951

My Commission expires Aug. 15th 1952 Helen Early Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—4-43
P I X36667