

No. 300
10. 48

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19288
Registrar's No. 182

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (in this place) One day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville 0013		
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C.O. S. HOSPITAL			d. STREET ADDRESS (If rural, give location) 116 E. Burton 0		

3. NAME OF DECEASED (Type or Print)	a. (First) Patricia	b. (Middle) Joyce	c. (Last) Carter	4. DATE OF DEATH (Month) (Day) (Year) June 27, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 2, 1943	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 2 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School	10b. KIND OF BUSINESS OR INDUSTRY School Child	11. BIRTHPLACE (State or foreign country) La Plata, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Carter	13b. MOTHER'S MAIDEN NAME Florence Mason	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence Holman, Kirksville, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Acidosis		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260x	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 June, 1950 to July 27, 1951, that I last saw the deceased alive on 6/27, 1951 and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE M. T. Gutenshu D.O. (Degree or title)	23b. ADDRESS Kirksville, Missouri	23c. DATE SIGNED 6-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/29/51	24c. NAME OF CEMETERY OR CREMATORY Maple Hills	24d. LOCATION (City, town, or county) (State) Kirksville, Missouri
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DATE REC'D BY LOCAL REG. 6-29-51	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Riley ADDRESS Kirksville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 11 1951

JUL 19 1951

Date Received: JUL 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1177
Date Filed: JUL 3 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.....
Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Kirksville, 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.