

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23638

State File No. ....

FILED AUG 8 1951

BIRTH NO. .... REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 430

0581  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Triplet</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Awdrey</u>		b. (Middle) <u>Dow</u>	
		c. (Last) <u>Carter</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 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 1, 1886</u>
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>2</u>	11. DAYS <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Bucklin, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>A.B. Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gardner</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Carter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Carter, Triplet, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>with extensive myocardial damage and failure.</u>	
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>Arteriolar nephrosclerosis with</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>azotemia.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>442X</u>	
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 <u>July 1</u> , 1951, to <u>July 26</u> , 1951, that I last saw the deceased alive on <u>July 26</u> , 1951, and that death occurred at <u>11:25a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul T. Berry M.D.</u> (Degree or title)		23b. ADDRESS <u>121 N. Kansas Ave., Marceline, Mo.</u>	
23c. DATE SIGNED <u>7/27/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/29/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>McCullough Cemeteey</u>		24d. LOCATION (City, town, or county) (State) <u>Triplet, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7/29/51</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Overman</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Joe McLaughlin</u>		ADDRESS <u>Marceline, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Date Received: AUG 4 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 8-51-1389  
Date Filed: AUG 6 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 George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.