No. 300
10.48

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

FILED NOV 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34321

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5728 Registrar's No. 108

610
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1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Round Grove
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. Macon.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago. 8120
d. STREET ADDRESS (If rural, give location): 2214 Kedzie Ave.

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) MARCUS (Last) CARTER.
4. DATE OF DEATH: (Month) Oct (Day) 16 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Nov. 31, 1881
9. AGE (In years last birthday): 69 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME: Joseph Carter
13b. MOTHER'S MAIDEN NAME: Mary Ann Redman
14. NAME OF HUSBAND OR WIFE: Mary Carter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: 351-05-0220.
17. INFORMANT'S SIGNATURE OR NAME: George Carter ADDRESS: Macon, 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) Cardiac Asthma — INTERVAL BETWEEN ONSET AND DEATH: 2 hours.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Alcoholism

DUE TO (c) for years.

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* October 6, 1951, *to* October 16, 1951, *that I last saw the deceased alive on* October 16, 1951, *and that death occurred at* 2:10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr Floyd Carroll (Degree or title) M.D.
23b. ADDRESS: Macon, Missouri
23c. DATE SIGNED: 10/16/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 18, 1951
24c. NAME OF CEMETERY OR CREMATORY: Bethlehem Cem.
24d. LOCATION (City, town, or county): Macon (State): Mo.

DATE REC'D BY LOCAL REG.: 10/25/51
REGISTRAR'S SIGNATURE: Ruth McNeely
25. FUNERAL DIRECTOR'S SIGNATURE: Stephens & Goodding ADDRESS: Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11.8.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 11.51.177
Date Filed 11.9.51

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.

Student Embalmer No. .....

Signed Charles L. Hutton

Signed .....
Student Embalmer

Licensed Embalmer No. 4577

P. O. Address Macon, 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.