

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43946**

FILED JAN 21 1952

BIRTH NO.		REG. DIST. NO. <b>104</b>	PRIMARY REG. DIST. NO. <b>5418</b>	Registrar's No. <b>51</b>
1. PLACE OF DEATH a. COUNTY <b>Dunklin 0350</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>		
b. CITY OR TOWN <b>Rural-Cotton Hill Twp</b>		c. CITY OR TOWN <b>Malden, R.R.1 0350</b>		
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>Cotton Hill Township</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>CONNIE</b>		b. (Middle) <b>JUNE</b>		c. (Last) <b>CARTER</b>
4. DATE OF DEATH <b>DEC. 30 1951</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 29, 1937</b>	9. AGE (In years last birthday) <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Jake Vincent</b>		13b. MOTHER'S MAIDEN NAME <b>Dorothy Cullum</b>	14. NAME OF HUSBAND OR WIFE <b>Ivan Willis Carter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Jake Vincent, Malden, Mo. R.1</b>	
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) <b>Streptococcus Infection of Throat with Septicemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
		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.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>OSIX</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <b>12-9</b> , 19 <b>51</b> , to _____, 19____, that I last saw the deceased alive on <b>12-9</b> , 19 <b>51</b> , and that death occurred at <b>6:30 AM</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Wallace Selsey MD</b> (Degree or title)		23b. ADDRESS <b>Campbell Mo.</b>	23c. DATE SIGNED <b>12/31/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 31, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Vincent Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Campbell, Missouri R.1</b>	
DATE REC'D BY LOCAL REG. <b>1-4-52</b>	REGISTRAR'S SIGNATURE <b>J. S. Scherman</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Landess Funeral Home Campbell, Mo</b>		

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 1-7-52 .....  
COUNTY FILE NUMBER 152-4 .....

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**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 Christine M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.