

LED FEB 29 1952

STANDARD CERTIFICATE OF DEATH

State File No. 6982

328

REG. DIST. NO. 335

PRIMARY REG. DIST. NO. 4492

Registrar's No. 5

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) ORAN		c. CITY (If outside corporate limits, write RURAL and give township) ORAN	
c. LENGTH OF STAY (in this place) 54yrs.		d. STREET ADDRESS (If rural, give location) ORAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ORAN			
3. NAME OF DECEASED a. (First) VIOLET b. (Middle) MIRANDA c. (Last) CARTER			4. DATE OF DEATH (Month) (Day) (Year) FEB. 8 1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 19 1875
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (State or foreign country) KENTUCKY
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY IN OWN HOME	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME ROBERT FIELDS		13b. MOTHER'S MAIDEN NAME ELIZABETH OSMONT	14. NAME OF HUSBAND OR WIFE EWIN A. CARTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME EWIN A. CARTER ADDRESS ORAN, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS 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) ARTERIOSCLEROSIS WITH ESSENTIAL HYPERTENSION INTERVAL BETWEEN ONSET AND DEATH 10 YRS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BOWEL OBSTRUCTION	
19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NATURAL	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? NONE
22. I hereby certify that I attended the deceased from MAR 1951 to FEB 6, 1952 that I last saw the deceased alive on FEB 6, 1952 and that death occurred at 11:30 AM. , from the causes and on the date stated above.			
23a. SIGNATURE H. J. Mosebach		23b. ADDRESS D. O. CHAFFEE, MO.	23c. DATE SIGNED 2-15-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE FEB. 10 1952	24c. NAME OF CEMETERY OR CREMATORY FRIEND CEMETERY	24d. LOCATION (City, town, or county) (State) ORAN SCOTT COUNTY MO.
DATE REC'D BY LOCAL REG. Feb 20-52	REGISTRAR'S SIGNATURE Mrs Fred Bragley	25. FUNERAL DIRECTOR'S SIGNATURE Earl J. Smith	ADDRESS ORAN, MO.

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

RECEIVED FEB 25 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 252-60

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 Earl J. Smith
.....

Licensed Embalmer No. 2676

P. O. Address Craw 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.