

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7750

State File No.

No. 300
10.48

APR 7 1952

Registrar's No. 25

REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4123

1. PLACE OF DEATH a. COUNTY <p align="center">CLARK</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Mo.</p> b. COUNTY <p align="center">Clark</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">WAYLAND</p>		c. LENGTH OF STAY (In this place) <p align="center">50</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">AT HOME</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Wayland 02311</p>	
		d. STREET ADDRESS (If rural, give location) <p align="center">3</p>	
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">JAMES</p> b. (Middle) <p align="center">HENRY</p> c. (Last) <p align="center">CARTER</p>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Apr 4 1952</p>
5. SEX <p align="center">M</p>	6. COLOR OR RACE <p align="center">W</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">married</p>	8. DATE OF BIRTH <p align="center">Jan 2 1870</p>
9. AGE (In years last birthday) <p align="center">82</p>		IF UNDER 1 YEAR Months Days Hours Min. <p align="center">3 2</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Laborer</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Retired</p>	
11. BIRTHPLACE (State or foreign country) <p align="center">CLARK CO. Mo.</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">Amer</p>	
13a. FATHER'S NAME <p align="center">not known</p>		13b. MOTHER'S MAIDEN NAME <p align="center">(?) Kemper</p>	
14. NAME OF HUSBAND OR WIFE <p align="center">Mrs Clarissa Carter</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no</p>		16. SOCIAL SECURITY NO. <p align="center">none</p>	
17. INFORMANT'S SIGNATURE OR NAME <p align="center">Mrs Jas. H. CARTER</p>		ADDRESS <p align="center">Wayland Mo</p>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Cerebral thrombosis</p> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p align="center">Senility + myocarditis</p> DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p align="center">4222</p>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 4/2 - 1952 to 4/4 - 1952, that I last saw the deceased alive on 4/4 - 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Last name or title) <p align="center">H. F. Kirchner M.D.</p>		23b. ADDRESS <p align="center">Kokohat No 4</p>	
23c. DATE SIGNED <p align="center">4/5-52</p>			
24a. BURIAL CREMATION REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">Apr. 3 52</p>	
24c. NAME OF CEMETERY OR CREMATORY <p align="center">FRAZEE</p>		24d. LOCATION (City, town, or county) (State) <p align="center">CLARK Co. Mo.</p>	
DATE REC'D BY LOCAL REG. <p align="center">4-5-52</p>		REGISTRAR'S SIGNATURE <p align="center">H. F. Kirchner</p>	
25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">H. F. Kirchner</p>		ADDRESS <p align="center">Wayland</p>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Licensed Embalmer No. 2611

P. O. Address Wayland

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.