

STANDARD CERTIFICATE OF DEATH

State File No. 1450

No. 300  
10.48

Mo. 297 313  
Reg. 100,885

JUN 7 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1450

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS. MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>73 Days</b>		<b>3078</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP</b>		d. STREET ADDRESS (If rural, give location) <b>139 SOUTH COLORADO</b>	

3. NAME OF DECEASED (Type or Print) <b>FRED</b>	a. (First)	b. (Middle) <b>C</b>	c. (Last) <b>CARTER</b>	4. DATE OF DEATH <b>6-2-52</b>	(Month) (Day) (Year)
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-10-94</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TRUCK FARMER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>LANCASTER, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>DAVID M. CARTER</b>	13b. MOTHER'S MAIDEN NAME <b>CHARLOTTE RALSTON</b>	14. NAME OF HUSBAND OR WIFE <b>GOLDA M CARTER</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>
	i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HYPERTENSIVE CARDIOVASCULAR DISEASE</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>443X</b>	20. AUTOPSY? YES <input checked="" 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.) <b>VA</b>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>	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 3-21-52, 1952, to 6-2-52, 1952, and that death occurred at 11:20 PM., from the causes and on the date stated above.

23a. SIGNATURE <b>J. T. KAMINSKAS MD</b>	(Degree or title)	23b. ADDRESS <b>VAH JEFFERSON BARRACKS, MISSOURI</b>	23c. DATE SIGNED <b>6-3-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>June 3, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREEN CITY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>GREEN CITY, MISSOURI</b>

DATE REC'D BY LOCAL REG. <b>6-3-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Domba MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. HOFFMEISTER U&amp;L COMPANY, St. Louis, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

*Harry J. Schenck*

Licensed Embalmer No. 2639

P. O. Address 7814 S. Broadway

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.

2-11-56