No. 300
10.46

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

FILED JUN 26 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20996

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4255 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Johnson County, Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingsville, Mo.
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingsville, Missouri 0510
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Orin
b. (Middle): Riley
c. (Last): Carter

4. DATE OF DEATH (Month) (Day) (Year): June 9, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 24, 1896
9. AGE (In years last birthday): 56 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bakery
10b. KIND OF BUSINESS OR INDUSTRY: Baking
11. BIRTHPLACE (State or foreign country): Hickory County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J. Thomas Carter
13b. MOTHER'S MAIDEN NAME: Samathia Freeman
14. NAME OF HUSBAND OR WIFE: Hazel Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 487-09-5945
17. INFORMANT'S SIGNATURE OR NAME: Hazel Carter
ADDRESS: Kingsville, 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) Strangulation &

ANTECEDENT CAUSES

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

DUE TO (b) Broken neck by

DUE TO (c) hanging

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At Home
21c. (CITY, TOWN, OR TOWNSHIP): Kingsville **(COUNTY)**: Johnson **(STATE)**: Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-9-52 6 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Self Inflicted

22. *I hereby certify that I attended the deceased from* ~~at intervals only~~, *19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Kelly Rawlins M.D. 3 **(Degree or title)**: Coroner **23b. ADDRESS**: Johnson Co Holden Mo **23c. DATE SIGNED**: 6/14/52

24a. BURIAL / CREMATION / REMOVAL (Specify): Burial
24b. DATE: June 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Holden, Mo. Cemetery
24d. LOCATION (City, town, or county) (State): Holden, Missouri

DATE REC'D BY LOCAL REG.: 6-16-1952
REGISTRAR'S SIGNATURE: Mrs. James W. Redford 150
25. FUNERAL DIRECTOR'S SIGNATURE: Conaley & Rapp **ADDRESS**: Holden Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 25 1952
JOHNSON COUNTY HEALTH DEPT.

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 Samuel B Kopp

Signed.....
Student Embalmer

Licensed Embalmer No. 4044

P. O. Address Holden, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.