

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27636

SEP 9 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 1478 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Holcomb</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Holcomb, Missouri</b>	
c. LENGTH OF STAY (In this place) <b>4 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Melvin</b> b. (Middle) <b>(None)</b> c. (Last) <b>Carter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-12-1952</b>		
5. SEX <b>Male 0</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>9-10-1880</b>		9. AGE (In years last birthday) <b>71</b>		10. F UNDER 1 YEAR <b>11</b> F UNDER 12 HRS. <b>2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Anna, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Kinny Carter</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Stella Carter</b>	
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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>332-12-5725A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Melvin Carter</b> ADDRESS <b>Holcomb, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4214</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Aug 10, 1952**, to **Aug 12, 1952**, that I last saw the deceased alive on **Aug 10, 1952**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. H. Rutledge</b> (Degree or title)		23b. ADDRESS <b>W. Campbell Dr.</b>		23c. DATE SIGNED <b>8-12-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-14-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lloyd Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Holcomb, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>8-25-52</b>		REGISTRAR'S SIGNATURE <b>J. Anderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lloyd Russell Biggott</b> ADDRESS <b>Ark</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-2-52

COUNTY FILE NUMBER 952-236

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 \_\_\_\_\_

Lucy J. Tyler  
working under my personal supervision.

Student Embalmer No. ....

Signed Lucy J. Tyler  
Student Embalmer

Signed Leslie D. Russell

Licensed Embalmer No. 3855 mo.

P. O. Address Cornick Ark

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.