

STANDARD CERTIFICATE OF DEATH

30723

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 206

1105
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY OR TOWN <u>Columbia</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hospital</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>Moberly</u> <u>1883</u> d. STREET ADDRESS (If rural, give location) <u>1601 N. Moberly</u> | |
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|---|---|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) <u>Rhoda Mae Carter</u> a. (First) <u>Rhoda</u> b. (Middle) <u>Mae</u> c. (Last) <u>Carter</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30th 1952</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct 2nd 1899</u> | 9. AGE (In years last birthday) <u>52</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u> | IF UNDER 1 MIN. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |

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|---|---|---|
| 13a. FATHER'S NAME <u>Samuel White</u> | 13b. MOTHER'S MAIDEN NAME <u>Angeline Lierly</u> | 14. NAME OF HUSBAND OR WIFE <u>Russell Carter</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russell Carter, Moberly Mo</u> |

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|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u> ANTECEDENT CAUSES <u>Abdominal Carcinomatous Primary</u> *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|---|---|--|
| 19a. DATE OF OPERATION <u>1-52</u> | 19b. MAJOR FINDINGS OF OPERATION <u>See (b)</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>175X</u> | |
| 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 Aug. 1952 to Sept 30 1952 that I last saw the deceased alive on 9-30, 1952 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

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|--|---|--|---|
| 23a. SIGNATURE (Degree or title) <u>G.M. Waggoner M.D.</u> | 23b. ADDRESS <u>Columbia, Mo.</u> | 23c. DATE SIGNED <u>10-3-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL | 24b. DATE <u>10-3-1962</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Mem Gardens</u> | 24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u> |
| DATE REC'D BY LOCAL REG. <u>Oct. 4, 1952</u> | REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mahaw and Son, Moberly, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 Frank S. J. Hunt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.