

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36098

State File No.

No. 300
10.48

FILED OCT 28 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6068 Registrar's No. 331

940
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>CALIFORNIA</u> b. COUNTY <u>SAN JOAQUIN</u>	
b. CITY OR TOWN <u>RURAL Big River Twp</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>STOCKTON</u>	<u>8040</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. BONNETERRE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1821 W. SCOTT AVE.</u>	

3. NAME OF DECEASED (Type or Print) <u>BERTHA</u>	(First) <u>Dead on arrival at St. T. Hosp</u> (Last) <u>CARTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16. 1952</u>
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5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>APRIL 28, 1894</u>	9. AGE (In years last birthday) <u>58</u> Months <u>5</u> Days <u>18</u> Hours <u>12</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>PINE BLUFF ARK.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>ROBERT WITHERSPOON</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY WITHERSPOON</u>	14. NAME OF HUSBAND OR WIFE <u>MORRIS CARTER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CLARENCE WEBB</u> ADDRESS <u>4132 ELLIS AVE CHICAGO 14th.</u>

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) <u>Coroner Jury Verdict: In unavaldable automobile accident.</u>	DUE TO (b) <u>Multiple skull fracture.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Multiple skull fracture.</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Big River Township</u> (COUNTY) <u>St. Francis</u> (STATE) <u>MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Oct. 16, 1952 8:25 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>automobile accident</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl J. Miller</u> (Degree or title) <u>3 coroner</u>	23b. ADDRESS <u>Farmington, MO</u>	23c. DATE SIGNED <u>10/17/52</u>
24a. BURIAL, CREMATION, REMOVALS <u>REMOVALS</u>	24b. DATE <u>Oct. 16, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PINE BLUFF</u>
24d. LOCATION (City, town, or county) (State) <u>ARK</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Benjamin Halls</u> ADDRESS <u>Berkeley MO</u>	DATE REC'D BY LOCAL REG. <u>Oct. 17, 1952</u>
REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Benjamin Halls</u> ADDRESS <u>Berkeley MO</u>	

STATEMENT BY LICENSED EMBALMER

No Embalming Done Here

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.....

P. O. Address.....

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.