

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**5185**

State File No. ....

S. No. 300  
V. 10-48

**FILED MAR 5 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 20

*6002*

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Clay</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>619 Beverly Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>619 Beverly Street</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>NANNIE</u>	b. (Middle) <u>VIOLET</u>	c. (Last) <u>CARTER</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 17, 1953</u>
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<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>widowed</u>	<b>8. DATE OF BIRTH</b> <u>July 20, 1880</u>	<b>9. AGE</b> (In years last birthday) <u>72</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 1 MIN.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>at home</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>C. W. Martin</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>America Stansberry</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lon P. Carter</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. James Peters, Ex. Springs, Mo.</u>	<b>ADDRESS</b> <u>Ex. Springs, Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Uremia &amp; Terminal pneumonia</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertension</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Excelsior Springs, Mo.</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 25 Feb, 1951, to 17 Feb, 1953, that I last saw the deceased alive on 17 Feb, 1953 and that death occurred at 9:40 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>George E. Sanders M.D.</u>	<b>23b. ADDRESS</b> <u>Excelsior Springs, Mo.</u>	<b>23c. DATE SIGNED</b> <u>19 Feb 53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>2-19-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Crown Hill</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>2/20/53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Caroline Hutchings</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Richard</u>	<b>ADDRESS</b> <u>Excelsior Springs, Mo.</u>
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(Licensed Embalmers' 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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Spring 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.