

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10313

FILED MAR 24 1953

State File No. 11774-70
Registrar's No. 4438

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127

5492

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (in this place) 70yrs		d. STREET ADDRESS (If rural, give location) 113 S. Oronogo St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) LEROY	c. (Last) CARTER	4. DATE OF DEATH (Month) (Day) (Year) March 3, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 22, 1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 10	IF UNDER 2 HRS. Hours 11
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driller Retired	10b. KIND OF BUSINESS OR INDUSTRY Drilling	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME T. A. Carter	13b. MOTHER'S MAIDEN NAME Rhoda Bean	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 144-03-1225	17. INFORMANT'S SIGNATURE OR NAME Vernon Carter	ADDRESS Webb City, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Complete CARDIAC COLLAPSE		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDITIS		
	DUE TO (c) NEPHRITIS		
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 4222	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)	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 2-7, 1953, to 3-3, 1953, that I last saw the deceased alive on 3-2, 1953, and that death occurred at 12:05 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. M. Carter	23b. ADDRESS 800 CARTERVILLE MO	23c. DATE SIGNED 3-6-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL REG. 3-16-53	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Mo.
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RECEIVED 3-23-53
Jasper County Health Office

County File Number 53/3/258

Date Filed 3-23-53

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. _____

Student _____
Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4485

P. O. Address Webb City 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.