

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32132

State File No. \_\_\_\_\_

FILED OCT 6 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>445</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. LENGTH OF STAY (In this place) <u>10 MIN</u>		c. CITY OR TOWN <u>JOPLIN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>829 W. 4TH ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHESTER</u> b. (Middle) <u>H.</u> c. (Last) <u>CARTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 28 1953</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)		8. DATE OF BIRTH <u>MAR 18, 1897</u>	
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERICAL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STATE OF MO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RIPLEY CO. MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GARLAND CARTER</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA POWERS</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>W.W.I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS EMMA CARTER</u> ADDRESS <u>JOPLIN</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>diagnosis from history</u> DUE TO (c) <u>of cause</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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 <u>10</u> to <u>3-8</u> , 19 <u>53</u> that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>5:20</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed D. James</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Joblin Mo</u>		23c. DATE SIGNED <u>9-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEP 30, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARTER, UE CEM. CARTERVILLE</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-29-53</u>		EMBALMER'S SIGNATURE <u>Ed D. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hurlbut Glover</u> ADDRESS <u>Joblin Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 5 1953

Jasper County Health Office

County File Number 53-9-~~1174~~ 803

Date Filed OCT 5 1953

FEB 24 1954

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.....  
Signature of Student Embalmer

Signed *Dale Gerr*.....

Licensed Embalmer No. 459

P. O. Address *Joplin*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.