

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41775**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 324 **PRIMARY REG. DIST. NO.** 072 **Registrar's No.** 222

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Saline</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Marshall</u> c. LENGTH OF STAY (in this place) <u>17 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Fitzgibbon Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Miami Twn.</u> d. STREET ADDRESS (If rural, give location) <u>5 Miles West of Slater, Mo.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Dennie</u> b. (Middle) <u>Earl</u> c. (Last) <u>Carter</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>December 4-1953</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 20-1907</u>
<b>9. AGE</b> (In years) (If under 1 year last birthday) <u>46</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>General Farm Work-Rented Farm</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Hermitage, Missouri</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>General Farm Work-Rented Farm</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Frazier Carter</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Susan Elizabeth Eads</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ido Kitchen Carter</u>
<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. Dennie E. Carter</u>		<b>ADDRESS</b> <u>Miami, Mo.</u>	
<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, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u> ANTECEDENT CAUSES (b) <u>Malignant</u> *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>162X</u>	
<b>19a. DATE OF OPERATION</b> <u>Oct-18</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Extensive Bronchogenic Carcinoma</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<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>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>July 2, 1953</u>, to <u>Dec. 4, 1953</u> that I last saw the deceased alive on <u>Dec. 3, 1953</u> and that death occurred at <u>6:15 Am.</u>, from the causes and on the date stated above.             </b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>C. A. McBurney M.D.</u>		<b>23b. ADDRESS</b> <u>Slater, Mo.</u>	<b>23c. DATE SIGNED</b> <u>12/4/53</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>12/6/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Ridge Park</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Marshall, Missouri</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>12-4-1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Clarence P. Gray</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>J. Lealie Burrows</u>	
		<b>ADDRESS</b> <u>Marshall, Mo.</u>	

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

DEF 1-2-22

**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 J. Leslie Swanson

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.