

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

449

State File No.

BIRTH NO. FILED **FEB 15 1954** REG. DIST. NO. **50** PRIMARY REG. DIST. NO. **5179** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived) If institution residence before (Date of admission). a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Upper Bevel Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orange Beach	
c. LENGTH OF STAY (In this place) 7 yr		d. STREET ADDRESS (If rural, give location) State Route	
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home			

3. NAME OF DECEASED (Type or Print) a. (First) Gerald b. (Middle) Alfred c. (Last) Carter			4. DATE OF DEATH (Month) (Day) (Year) Feb 4 - 1954		
5. SEX male	6. COLOR OR RACE whx	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 19 - 1895	9. AGE (In years last birthday) 58+	IF UNDER 1 YEAR Mouths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caterer		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) Winnipeg Canada	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Un Known	13b. MOTHER'S MAIDEN NAME Un Known	14. NAME OF HUSBAND OR WIFE Loua (Lee) Hoyle
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes - War	16. SOCIAL SECURITY NO. 496-16-0794	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Gerald Carter as above
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial Nephritis - Chronic		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 592x	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) (Min)	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 **1953**, to **Feb. 4, 1954**, that I last saw the deceased alive on **Feb. 4, 1954**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE G. S. Leibson (Degree or title) M.D.	23b. ADDRESS Camden, Mo.	23c. DATE SIGNED 4-10-54
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 6 1954	24c. NAME OF CEMETERY OR CREMATORY Conway Cemetery	24d. LOCATION (City, town, or county) (State) Camden CO MO
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DATE REC'D BY LOCAL REG. Feb. 12 - 1954	REGISTRAR'S SIGNATURE Zilpha Inaw	42 - Bankson Woolery	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Camden, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

FEB 17 1954

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
Student Embalmer

Signed Abbie Emberson Woolery

Licensed Embalmer No. 2488

P. O. Address Carrollton, 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.