

STANDARD CERTIFICATE OF DEATH

State File No.

3983

BIRTH FILED FEB 23 1954		REG. DIST. NO. 37	PRIMARY REG. DIST. NO. 4049	Registrar's No. 7
1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision). a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give township) Centralia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia, Missouri		
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) 320 S. Barr		
d. FULL NAME OF HOSPITAL OR INSTITUTION 320 S. Barr		0100 D		
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) ALBERT		c. (Last) CARTER
4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 23, 1881	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 8 Days 22 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri
		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME J. F. Carter		13b. MOTHER'S MAIDEN NAME Susie Florence Cox		14. NAME OF HUSBAND OR WIFE Lula B. Asbury Carter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs Lula B. Carter
		ADDRESS Centralia, Mo		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Heart Block ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Reoccurrent Coronary Thrombosis DUE TO (c) Morbid Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH about 10 mins. 27 days Dec 23 1953
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) Centralia, Boone, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 		21e. INJURY OCCURRED WHILE AT <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 12-23-53 to 2-15-54 , 19 54 , that I last saw the deceased alive on 2-15-54 , 19 54 , and that death occurred at 9:26p m., from the causes and on the date stated above.				
23a. SIGNATURE J. V. Baker		23b. ADDRESS Centralia, Mo		23c. DATE SIGNED 2-16-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 18, 1954		24c. NAME OF CEMETERY OR CREMATORY Centralia
				24d. LOCATION (City, town, or county) (State) Centralia, Missouri
DATE REC'D BY LOCAL REG. Feb. 18-1954		REGISTRAR'S SIGNATURE Maud McBride		25. FUNERAL DIRECTOR'S SIGNATURE Dell C. Head
				ADDRESS Centralia, Mo

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

(Licensed Embalmer's Statement on Reverse Side)

FEB 23
FEB 24 1952

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 Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centralia, Missouri

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.