

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 12 1954

No. 300

10.48

BIRTH NO.		REG. DIST. NO. <u>164</u>	PRIMARY REG. DIST. NO. <u>3032</u>	Registrar's No. <u>79</u>
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Jackson Twp.</u>		
c. LENGTH OF STAY (In this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>Bates City, Missouri.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u>		b. (Middle) <u>(none)</u>		c. (Last) <u>Carter</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 15, 1887</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>12</u> IF UNDER 24 HRS. Hour <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Patrick Lawson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A. Hall</u>		14. NAME OF HUSBAND OR WIFE <u>John Francis Carter</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>XXXX</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John F. Carter, Bates City, Missouri</u> ADDRESS <u>Missouri</u>
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) <u>Pulmonary embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis left leg</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>16 minutes</u> <u>1 wk</u>
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		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>June 19, 1954</u> , to <u>June 27, 1954</u> , that I last saw the deceased alive on <u>June 27, 1954</u> , and that death occurred at <u>4 P. M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. D. Johnson</u>		23b. ADDRESS <u>Warrensburg, Mo</u>		23c. DATE SIGNED <u>June 27, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/29, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elm Spring Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Elm, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>June 30, 1954</u>		REGISTRAR'S SIGNATURE <u>Savannah Antelberger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada and Ropp Funeral Home</u> ADDRESS <u>Holden Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 6 1954
JOHNSON COUNTY HEALTH DEPT

U.S.S.

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 W. R. Canada

Licensed Embalmer No. 3434

P. O. Address Holden 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.