

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 19461

BIRTH NO. REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		c. CITY OR TOWN Holden	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 60 yrs		e. STREET ADDRESS (If rural, give location) Holden, Missouri. 0518	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home, Holden, Mo.			

3. NAME OF DECEASED (Type or Print) James	a. (First) James	b. (Middle) WILLIAM	c. (Last) Carter	4. DATE OF DEATH (Month) July (Day) 2 (Year) 1954
---	------------------	---------------------	------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 29, 1865	9. AGE (In years) 89	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 3
-------------	------------------------	--	--------------------------------	----------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & Trucking	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and State or Foreign Country) Coffeyville, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	-------------------------------------

13a. FATHER'S NAME Robert Nimrod Carter	13b. MOTHER'S MAIDEN NAME Martha Welch	14. NAME OF HUSBAND OR WIFE Mary A. Carter (deceased)
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no XXX	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Thelma Hart, Holden, Missouri.	ADDRESS
--	------------------------------	--	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Endocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Chronic nephritis		
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) m.	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 Sept 17, 1943, to July 7, 1954, that I last saw the deceased alive on July 2, 1954, and that death occurred at 4:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James H. Halberstam	23b. ADDRESS Holden, Mo.	23c. DATE SIGNED 7/2/54
--	--------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 4 1954	24c. NAME OF CEMETERY OR CREMATORY Elm Spring Cem.	24d. LOCATION (City, town, or county) (State) Kingsville, Missouri
--	-----------------------	--	--

DATE REC'D BY LOCAL REG. July 2 1954	REGISTRAR'S SIGNATURE Mrs. W. Redford	150	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday & Ropp, Holden, Missouri.
--------------------------------------	---------------------------------------	-----	--

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

RECEIVED
JUN 6 1954
JOHNSON COUNTY HEALTH

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 *Samuel B. Yopp*

Licensed Embalmer No. *404*

P. O. Address *Holden*

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.