

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 5017

21967

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5019 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ford Nursing Home</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ford Nursing Home 0020</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL 6 MIE. SAVANNAH</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL 6 MIE. SAVANNAH</u>			d. STREET ADDRESS (If rural, give location) <u>RURAL 6 MIE. SAVANNAH</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>CARTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-20-1954</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>9-26-</u>		9. AGE (In years last birthday) _____
				<input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 YEAR Months _____ Days _____	<input type="checkbox"/> UNDER 1 MILE <input type="checkbox"/> UNDER 1 MILE Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>JACK CARTER</u>		13b. MOTHER'S MAIDEN NAME <u>MORNING PENNINGTON</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Rush Carter 3909 St. Joseph Ave</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>Arteriosclerotic</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Disease</u>					
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 _____		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) <u>4000</u>	
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>2-15</u> , 19 <u>54</u> , to <u>7-20</u> , 19 <u>54</u> ; that I last saw the deceased alive on <u>5-20</u> , 19 <u>54</u> , and that death occurred at <u>3:55 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Warren C. Baker, M.D.</u>			23b. ADDRESS <u>Savannah, Mo.</u>		23c. DATE SIGNED <u>7-21-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-22-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BARNARD</u>		24d. LOCATION (City, town, or county) (State) <u>BARNARD MO</u>
DATE REC'D BY LOCAL REG. <u>7-21-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit FUNERAL HOME SAVANNAH MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.