

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25656

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1672

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond Heights</u>)	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Ziegler</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>108 Orchard st.</u> <u>8128</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>DALE</u>	b. (Middle) <u>0.</u>	c. (Last) <u>CARTER</u>	(Month) <u>6</u>	(Day) <u>23</u>	(Year) <u>54</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-24-1881</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired mine Supt.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>coal mines</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Louis Carter</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Clifford</u>	14. NAME OF HUSBAND OR WIFE <u>Nova Carter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW#2</u>	16. SOCIAL SECURITY # <u>342-03-8296</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nova Carter, Ziegler, Ill.</u>	ADDRESS _____
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>	ANTECEDENT CAUSES	DUE TO (b) <u>Coronary occlusion with multiple vasculas</u>	<u>1 day</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>emboli</u>	<u>2 day</u>
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>

19a. DATE OF OPERATION <u>6-21-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Emboli, right common iliac artery</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 6-21-54, 1954, to 6-23, 1954, that I last saw the deceased alive on 6-23, 1954, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry K. Perrell M.D.</u>	23b. ADDRESS <u>4660 Mayland St. Louis 8 Mo</u>	23c. DATE SIGNED <u>6-7-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LOCAL</u>	24d. LOCATION (City, town, or county) (State) <u>Ziegler, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>7/9/54</u>	REGISTRAR'S SIGNATURE <u>Heather B. Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vantrese F.H., Ziegler, Ill.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Ronald O. Yahoo*.....

Licensed Embalmer No. *3917*.....

P. O. Address *St. Louis*.....

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.