

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8586

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) WEBB CITY		c. CITY (If outside corporate limits, write RURAL and give township) RURAL CARTER GALENA TWP	
c. LENGTH OF STAY (In this place) 4 HRS		d. STREET ADDRESS (If rural, give location) ROUTE #3 MADOLEIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL			

3. NAME OF DECEASED (Type or Print)		a. (First) CORDILA		b. (Middle) VIRGINIA		c. (Last) CARTER		4. DATE OF DEATH (Month) (Day) (Year) MARCH 21, 1955			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 22, 1878		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY OWN HOME			11. BIRTHPLACE (State or foreign country) JOPLIN, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME JIM HUDDLESTON		13b. MOTHER'S MAIDEN NAME MARTHA VINSON		14. NAME OF HUSBAND OR WIFE WILLIAM C. BARTER	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DON HUDDLESTON, WEBB CITY, MISSOURI	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4 HOURS.	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Skull. Fracture.					
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				E8164 26	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SLUGGE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) auto collision w. edge webb city		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Webb City Jasper Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 21 55 10:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Collision, drove into path of car.			

22. I hereby certify that I attended the deceased from 3/21/55, 1955, to _____, 19____, that I last saw the deceased alive on 3-21, 1955, and that death occurred at 2:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Ph. Wells. Sr. D.O.</i>		(Degree or title)		23b. ADDRESS <i>929 W. Daguerre H.C. Mo.</i>		23c. DATE SIGNED <i>3/22/55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-24-55		24c. NAME OF CEMETERY OR CREMATORY CARL JUNCTION CEMETERY,		24d. LOCATION (City, town, or county) (State) CARL JUNCTION, MO.	
DATE REC'D BY LOCAL REG. 3-23-55		REGISTRAR'S SIGNATURE <i>Mrs. Madeline Hunter</i>		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY,		ADDRESS JOPLIN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

Jasper County Health Office
County File Number 55-31209
Date Filed MAR 28 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed F M Jones

Signed
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.