

FILED JUL 26 1955

STANDARD CERTIFICATE OF DEATH

State File No. 21634

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 4154		Registrar's No. 55-60					
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give town) Greenfield				c. LENGTH OF STAY (in this place) 15 years		c. CITY OR TOWN Greenfield		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Garrett St.				e. STREET ADDRESS (If rural, give location) Garrett St.				0290			
3. NAME OF DECEASED (Type or Print) a. (First) Orlena			b. (Middle) Merica		c. (Last) Carter		4. DATE OF DEATH (Month) (Day) (Year) July 21-1955				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 18, 1865		9. AGE (In years last birthday) 90 IF UNDER 1 YEAR: Months _____ Days _____ 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 Housekeeper		11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Jack Stockton			13b. MOTHER'S MAIDEN NAME Martha Reagen			14. NAME OF HUSBAND OR WIFE Alfred Carter					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Hugh Van Hooser				ADDRESS Greenfield, Mo.		
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) Degenerative myocardial failure.				INTERVAL BETWEEN ONSET AND DEATH			
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4222							
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 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) (Min.)		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 7-1 , 1955 to 7-21 , 1955 that I last saw the deceased alive on 7-21 , 1955 and that death occurred at 7:40 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Dr. C. Canada, M.D.				23b. ADDRESS Greenfield, Mo.				23c. DATE SIGNED 7-23-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 24, 1955		24c. NAME OF CEMETERY OR CREMATORY Pemberton Cemetery		24d. LOCATION (City, town, or county) (State) Dade Co. Mo.					
DATE REC'D BY LOCAL REG. 7-23-55		REGISTRAR'S SIGNATURE J. C. Canada 478			25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada, Greenfield, Mo.						

(Licensed Embalmer's Statement on Reverse Side)

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

0.300

90

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 *J. C. Canada*.....
Licensed Embalmer No. *419*.....
P. O. Address *Greenfield*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.**