No. 300
10.48

FILED JUL 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22849

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5740 Registrar's No. 125

0610

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bucklin, (rural) Lingo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route#1,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bucklin, 0610
d. STREET ADDRESS (If rural, give location): Route #1.

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): M.
c. (Last): Carter

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1955

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 29, 1869
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 9, Days 8 — 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 (City and State or Foreign Country): Clark, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Adams
13b. MOTHER'S MAIDEN NAME: Julia Bailey
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Dera Davis, Bucklin, Missouri.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c) senility 4201

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 ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 7, 19 55, *to* July 7, 19 55, *that I last saw the deceased alive on* July 7, 19 55, *and that death occurred at* 5:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Windhorst M.D.
23b. ADDRESS: Bucklin Mo
23c. DATE SIGNED: 7-8-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 9, 1955
24c. NAME OF CEMETERY OR CREMATORY: New Boston Cemetery
24d. LOCATION (City, town, or county) (State): New Boston, Missouri

DATE REC'D BY LOCAL REG.: 7-8-1955
REGISTRAR'S SIGNATURE: Ruth McNeely 185
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Larson Funeral Service, Bucklin, Mo. By L. G. Larson

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7.18.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.55.115
Date Filed 7.19.55

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. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.