No. 300
10-48

FILED JUL 19 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 24961

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4473 Registrar's No. 112

0970
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**1. PLACE OF DEATH**
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackburn
c. LENGTH OF STAY (in this place): lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blackburn, Missouri

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN: Blackburn
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): Blackburn, Missouri 0970

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

**4. DATE OF DEATH** (Month) (Day) (Year): June 27, 1955

**5. SEX**: Male
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Dec 11, 1878
**9. AGE** (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmhand
**10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE** (City and State or Foreign Country): Blackburn, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: Mose Carter
**13b. MOTHER'S MAIDEN NAME**: Matildia Berry
**14. NAME OF HUSBAND OR WIFE**: none

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Jesse Carter, Marshall, 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): Cardio vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 1941 6/27/55

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): none
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: none

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 442 X
**20. AUTOPSY?** YES [ ] NO [X]

**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* 1941, 19___, *to* June 27, 1955, *that I last saw the deceased alive on* 6/27/55, 19___, *and that death occurred at* 10:30A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Geo A Kelling MD
**23b. ADDRESS**: Waverly, Missouri
**23c. DATE SIGNED**: 6/29/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 6/29/55
**24c. NAME OF CEMETERY OR CREMATORY**: Pleasant Grove Cemetery
**24d. LOCATION** (City, town, or county) (State): Alama, Missouri

DATE REC'D BY LOCAL REG.: July 5, 1955
REGISTRAR'S SIGNATURE: Mary Moseley
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: George H Green Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George H. Green

Licensed Embalmer No. 42

P. O. Address Marshal

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