FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33942

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 109

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Bedford Twp)
c. LENGTH OF STAY (in this place) 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lincoln Co. emorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Clark Twp.) 0570
d. STREET ADDRESS (If rural, give location) Farm Residence

3. NAME OF DECEASED (Type or Print)
a. (First) George b. (Middle) Thomas c. (Last) Carter

4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov.8,1890
9. AGE (In years last birthday) 65 — 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) Civil Service
10b. KIND OF BUSINESS OR INDUSTRY Postmaster
11. BIRTHPLACE (State or foreign country) Lincoln Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thompson Carter
13b. MOTHER'S MAIDEN NAME Leona Sleet
14. NAME OF HUSBAND OR WIFE Neta Hill Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO. 327-01-8021
17. INFORMANT'S SIGNATURE OR NAME Mrs Neta H. Carter, Moscow Mills, Mo. ADDRESS

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) Spontaneous Hemo Thorax — INTERVAL BETWEEN ONSET AND DEATH 2 day

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. 5192

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* 11/7, 195_, *to* 11/9, 1955, *that I last saw the deceased alive on* 11/9, 195_, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. C. Creech MD
23b. ADDRESS Troy, Mo.
23c. DATE SIGNED 11/10/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/11/55
24c. NAME OF CEMETERY OR CREMATORY Highland Prarie Cem.
24d. LOCATION (City, town, or county) (State) Lincoln Co. Missouri

DATE REC'D BY LOCAL REG. 11-12-1955
REGISTRAR'S SIGNATURE Emma B. Riddle 162
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 17 1956

NOV 25 1955

MAY 18 1956

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: Joseph J. Mar

Signed.....
Student Embalmer

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.