

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3850

State File No.

177

FILED FEB 20 1956

42

1000

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY BUCHANAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton			
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. LENGTH OF STAY (In this place) township) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) Plattsburg		d. STREET ADDRESS (If rural, give location) 0.250	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.				d. STREET ADDRESS			
3. NAME OF DECEASED a. (First) THOMAS			b. (Middle) Newton			c. (Last) CARTER	
4. DATE OF DEATH (Type or Print) Feb 16 1956		4. DATE (Month) (Day) (Year)		4. DATE OF DEATH Feb 16 1956		4. DATE OF DEATH	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 27 1880	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 10 Days 19		IF UNDER 4 HRS. Hours Min. 		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Riley CARTER		13b. MOTHER'S MAIDEN NAME MATITIA McCREERY		14. NAME OF HUSBAND OR WIFE Georgia CARTER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 488-32-7906		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mo. T. N. Carter Plattsburg 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 30 mins	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease				5+ yrs.	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary thrombosis				2 mos. ago	
		Subacute & Chronic Cholecystitis				3 mos. ago	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 42000				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 42000			
22. I hereby certify that I attended the deceased from Dec. 1950 , to 2-16, 1956 , that I last saw the deceased alive on 2-15, 1956 , and that death occurred at 12:15 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE P. Luckenbill (Degree or title) MD				23b. ADDRESS Plattsburg, Mo.		23c. DATE SIGNED 2-16-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/17/56		24c. NAME OF CEMETERY OR CREMATORY Greenlawn		24d. LOCATION (City, town, or county) (State) Plattsburg Mo.	
DATE REC'D BY LOCAL REG. Feb 17, 1956		REGISTRAR'S SIGNATURE Kathleen M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. D. Lyon Plattsburg, MO.			

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 embalmed by me, or by

Phillips E. Cox

Student Embalmer No.

518

working under my personal supervision.

Student

Phillips E. Cox
Student Embalmer

Signed

Danell D. Lyon

Licensed Embalmer No.

3640

P. O. Address

Plattsburg, 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.