No. 300
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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 8835

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 215-B

**1. PLACE OF DEATH**
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural—N. Campbell Twp.
c. LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunshine Acres Rest Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Bois D'Arc
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0290

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

**4. DATE OF DEATH** (Month) (Day) (Year): March 6-1956

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: April 16-1870
**9. AGE** (In years last birthday): 85 — IF UNDER 1 YEAR: Months 10, Days 20 — IF UNDER 24 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House Keeper
**10b. KIND OF BUSINESS OR INDUSTRY**: Housekeeping
**11. BIRTHPLACE** (City and State or Foreign Country): Taney Co. Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Dare Mills
**13b. MOTHER'S MAIDEN NAME**: Henrietta Wine
**14. NAME OF HUSBAND OR WIFE**: Weldon J. Carter
**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**: Mrs. Vinnie Holman — ADDRESS: Carterville 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): C.V.A. — 2 yr

DUE TO (c):

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**: 331X
**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* Jan 14, 1956, *to* 3-8, 1956, *that I last saw the deceased alive on* _____, 19__ *and that death occurred at* 1:50A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Earl W. Russell
**23b. ADDRESS**: 1051 S. National Springfield
**23c. DATE SIGNED**: 3-12-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: March 9-1956
**24c. NAME OF CEMETERY OR CREMATORY**: Clear Creek Cemetery
**24d. LOCATION** (City, town, or county) (State): Greene Co. Missouri

DATE REC'D BY LOCAL REG.: 3-12-56
REGISTRAR'S SIGNATURE: Faith Williamson
**25. FUNERAL DIRECTOR'S SIGNATURE**: J W Birch — ADDRESS: Ash Grove. 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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard E Watts

Licensed Embalmer No. 465

P. O. Address [illegible]

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