

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH17374  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY... Randolph County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE—Missouri b. COUNTY Monroe 690	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	c. LENGTH OF STAY (In this place) 3 weeks	c. CITY OR TOWN Madison	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		e. STREET ADDRESS (If rural, give location) Rte 2, Nadison	

3. NAME OF DECEASED (Type or Print)	a. (First) Benjamin	b. (Middle) Thomas	c. (Last) Carter	4. DATE OF DEATH (Month) (Day) (Year) May 11 1956
--	---------------------	--------------------	------------------	---

5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 14, 1876	9. AGE (In years last birthday) 79	10. MONTH 8	11. DAY 27	12. HOUR	13. MIN.
-------------	----------------------------	--	--------------------------------	------------------------------------	-------------	------------	----------	----------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Monroe County Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	----------------------------------

13a. FATHER'S NAME James M. Carter	13b. MOTHER'S MAIDEN NAME Martha Fields	14. NAME OF HUSBAND OR WIFE Nettie Catherine Carter
------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances Lewellen, Madison, Mo.	18. 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		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from May 1, 1956, to May 11, 1956, that I last saw the deceased alive on May 11, 1956 and that death occurred at 2:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE J. A. Flinn (Degree or title)	23b. ADDRESS Moberly Mo.	23c. DATE SIGNED 5-11-56
--	--------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 13 1956	24c. NAME OF CEMETERY OR CREMATORY City of Centralia	24d. LOCATION (City, town, or county) (State) Centralia, Missouri
--	-----------------------	--	---

DATE REC'D BY LOCAL REG. 5-13-56	REGISTRAR'S SIGNATURE	25. PUBLIC HEALTH REPORTER'S SIGNATURE	ADDRESS
----------------------------------	-----------------------	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Bill J. Meador*.....

Licensed Embalmer No. *487*.....

P. O. Address *Centerville, Va.*

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