

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27439

State File No.

FILED SEP 4 1956

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>5606</u>		Registrar's No. _____	
1. PLACE OF BIRTH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Johnson</u>		c. LENGTH OF STAY (in this place) <u>79 YRS</u>		c. CITY OR TOWN <u>Elm</u>		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Albion Knigsville Mo</u>				e. STREET ADDRESS (If rural, give location) <u>RFD 1 Knigsville Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>MEDORA</u> c. (Last) <u>CARTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 27 1956</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>APRIL 28 1876</u>	
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>3</u>		11. DAYS <u>29</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County Mo</u>	
13a. FATHER'S NAME <u>R M Carter</u>			13b. MOTHER'S MAIDEN NAME <u>Mertie Welch</u>		14. NAME OF HUSBAND OR WIFE <u>Not Married</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state rank) <u>No</u>		16. SOCIAL SECURITY NO. <u>Mo</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Margie L. Carter, Knigsville Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Endocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (Min.)	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 <u>Nov 14, 1947</u> , to <u>Aug 27, 1956</u> , that I last saw the deceased alive on <u>Aug 26, 1956</u> , and that death occurred at <u>12:15 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Thomas H. Halinburg</u> (Degree or title) <u>2</u>			23b. ADDRESS <u>Holden Mo</u>			23c. DATE SIGNED <u>8-28-56</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 29 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elm Spring Cemetery, Elm Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 31, 1956</u>		REGISTRAR'S SIGNATURE <u>Wm H V Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Conrad & Kopp, Holden Mo</u>			

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

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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 *W. J. Canaday*.....

Licensed Embalmer No. *343*

P. O. Address *Helden, N.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.