

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

State File No. **35344**
Registrar's No. **9082**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 1 yr d. FULL NAME OF HOSPITAL OR INSTITUTION 2229 00 ofallon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 2229 00 ofallon									
3. NAME OF DECEASED a. (First) Luke b. (Middle) _____ c. (Last) Carter (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) 10-1-1956		5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 8-14-1879	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 Hrs. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) / Ark.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joe Carter			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Ida Carter						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 482-26-4628A		17. INFORMANT'S SIGNATURE OR NAME Ellen Kyles 2229 ofallon			ADDRESS					
MEDICAL CERTIFICATION												
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, asphyxia, etc. It means the disease, injury, or complication which caused death.								INTERVAL BETWEEN ONSET AND DEATH				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach												
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								DUE TO (b) Arterio sclerosis				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								DUE TO (c)				
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 151+						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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:25 p. m., from the causes and on the date stated above.												
23. SIGNATURE <i>James M. Keely</i>								23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10-3-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal			24b. DATE 10-5-1956		24c. NAME OF CEMETERY OR CREMATORY Brinkley, Ark.			24d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REG. OCT 4 1956			REGISTRAR'S SIGNATURE <i>Pearl Smith</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. Jeffers</i>					

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 *Arthur L. Heilliard*

Licensed Embalmer No. *4221*

P. O. Address *4107 Juno*

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.

