

FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38497

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sarcoxis R.M.</u>		c. LENGTH OF STAY (in this place) <u>43 yrs</u>	c. CITY OR TOWN <u>Sarcoxis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		f. STREET ADDRESS (If rural, give location) <u>B. F. D. 0490</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Amos</u> b. (Middle) <u>Tobert</u> c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-14-1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-27-1882</u>		9. AGE (In years last birthday) <u>74</u> Months <u>8</u> Days <u>17</u> If UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co.</u>	
13a. FATHER'S NAME <u>Motion Carter</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth London</u>		14. NAME OF HUSBAND OR WIFE <u>Amy Carter</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>492-428162</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. J. Carter</u> ADDRESS <u>Sarcoxis Mo.</u>	
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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 <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Prostate</u>		
	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 <u>Jan 1956</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Cancer</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) <u>no</u>	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 Oct 29, 1956, to Nov 14, 1956, that I last saw the deceased alive on Oct 29, 1956 and that death occurred at 10:35 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George H. Ward M.D.</u>		23b. ADDRESS <u>Carthage Mo.</u>		23c. DATE SIGNED <u>11/15/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11-17-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trick</u>	24d. LOCATION (City, town, or county) (State) <u>S. A. of Miller Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-16-56</u>	REGISTRAR'S SIGNATURE <u>Edw Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morris Feiman Miller Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

IBSper
County File Number
Date Filed
56-11-918
NOV 23 1954

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..... *E. B. Simon*

Licensed Embalmer No. 3297

P. O. Address *Miller*

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.