

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41269**BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5529 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Wickery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wickery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheatland Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Wheatland Township</u>	
c. LENGTH OF STAY (In this place) <u>12 years</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles S.E. 043-0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 miles S.E.</u>			
3. NAME OF DECEASED a. (First) <u>Albert</u> b. (Middle) <u>Matthew</u> c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20-1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JAN 17-1878</u>
9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (State or foreign country) <u>Elkton Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>James Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Estine Hastain</u>	14. NAME OF HUSBAND OR WIFE <u>Matha Carter</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilma Lee Carter - Wheatland, Mo</u>
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) <u>myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>thrombosis delayed</u> DUE TO (c) <u>after surgery</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1954</u> , 19 <u>54</u> , to <u>Nov. 20, 1956</u> , that I last saw the deceased alive on <u>Nov 19, 1956</u> , and that death occurred at <u>3:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. R. Easton M.D.</u>		23b. ADDRESS <u>Wheatland Mo</u>	23c. DATE SIGNED <u>hlec 1056</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 22-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Douglas Bend Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wheatland, Mo</u>
DATE REC'D BY LOCAL REG. <u>12-23-1956</u>	REGISTRAR'S SIGNATURE <u>Mary Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilma Lee Carter - Wheatland, Mo</u>	

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Chas. J. Bell of St. Lawrence*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, W.V.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.