

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1746

STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 17

1. PLACE OF DEATH 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, give TOWNSHIP only) OR TOWN <u>Warrensburg,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>R.R.#4, Warrensburg,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence, 314 Ming St.</u> Length of stay in 1b <u>5 days</u>		d. STREET ADDRESS <u>R.R. #4, Warrensburg,</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>CLAUDE</u> Last <u>CARTER</u>			4. DATE OF DEATH Month <u>January</u> Day <u>28th</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 20, 1875</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
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 <u>Farming,</u>	11. BIRTHPLACE (City and state or country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Luther Carter,</u>			14. MOTHER'S MAIDEN NAME <u>Mary Robb,</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>490-42-7539</u>	17. INFORMANT <u>Mrs. Nora May Carter, Warrensburg, Mo.</u> Address _____		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cirrhosis of liver (non alcoholic)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION _____	COUNTY _____ STATE _____
21. I attended the deceased from <u>July 1 1956</u> to <u>I-28-57</u> and last saw ^{her} him <u>alive</u> on <u>I-28-57</u> Death occurred at <u>12:40 P.M.</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>R. Lee Cooper</u> (Degree or title) _____	22b. ADDRESS <u>M.D., Warrensburg, Missouri</u>	22c. DATE SIGNED <u>I-28-1957</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>I-30-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery,</u>	23d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>
24. FUNERAL DIRECTOR <u>R.A. Brauninger, Warrensburg, Mo.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>Jan. 29, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Saxenaak Creekfield</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

7-D

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. A. Branninger*

Licensed Embalmer No. 33

P. O. Address *Wannabe*

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