

FILED AUG 27 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30595  
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 1540

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ElDorado Sp.</u> <u>1080</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital</u>		Length of stay in 1b <u>1 Day</u>	d. STREET ADDRESS (If outside, give location) <u>R.R. # 3</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>William</u> Last <u>Carter</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>19</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 18, 1957</u>	9. AGE (In years last birthday) <u>0</u>	FUNDING YEAR Months <u>0</u> Days <u>1</u>	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>Child-Infant.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (City and state or country) <u>Nevada, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jackie T. Carter</u>		13b. MOTHER'S MAIDEN NAME <u>JoAnn Harris</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <input checked="" type="checkbox"/> <u>X</u> <input checked="" type="checkbox"/> <u>X</u> <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>J. T. Carter</u> Address <u>ElDorado, So., Mo.</u>			
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>Suffocation</u>					INTERVAL BETWEEN ONSET AND DEATH <u>29 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>atelectasis</u>						
DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>76 20</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <u>Aug 18, 1957</u> to <u>Aug 19, 1957</u> and last saw <sup>him</sup> <u>live</u> on <u>Aug 19, 1957</u> Death occurred <u>Nevada, 3:35 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>R. P. McCann</u> (Degree or title)			22b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>		22c. DATE SIGNED <u>Aug. 20, 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>21 Aug.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Catholic Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>		
24. FUNERAL DIRECTOR <u>Shorten Funeral Home, Nevada, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>8-23/1957</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Ferris</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Royal C. McCall* .....

Licensed Embalmer No. 4853  
P. O. Address Memphis, Tenn.

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.