Dr. Hamlin

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

45102

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 5261 Registrar's No. 51

Health, & Welfare Public Service

5. 300 1-57

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Palmyra — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maple Lawn Rest — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~Marion~~ Ralls
c. CITY OR TOWN Hannibal — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) RR #1, — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Homo Middle Last: Milton J. Carter

4. DATE OF DEATH Month Day Year: 12/9/57

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 5/15/1873

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Henry County, Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Milton Carter

13b. MOTHER'S MAIDEN NAME: - - - - -

14. NAME OF HUSBAND OR WIFE: Elizabeth Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: William Carter, RR#1, Hannibal, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Oct 1957
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): 332X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Oct 1957, to Nov 1957 and last saw her/him alive on Nov 1957
Death occurred at 2:00 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wyatt Hamlin M.D. (Degree or title)

22b. ADDRESS Hannibal Mo.

22c. DATE SIGNED 12/10/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12/10/57

23c. NAME OF CEMETERY OR CREMATORY: Hydesburg Cemetery

23d. LOCATION (City, town, or county) (State): Ralls County, Mo.

24. FUNERAL DIRECTOR ADDRESS: H.M. O'Donnell, Hannibal, Mo.

25. DATE RECD. BY LOCAL REG.: 12-18-57

26. REGISTRAR'S SIGNATURE: E. M. Lucke By Viola Geer, Deputy

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

89

RECEIVED DEC 1 9 1957
MARION CO. HEALTH DEPT.
DATE FILED DEC 1 9 1957

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 W. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

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.