

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000754

STATE FILE NUMBER

DECEASED JAN 27 1959

Registration District No. 096 Primary Registration District No.

Registrar's No. 4

300  
-57

1. PLACE OF DEATH a. COUNTY <i>Dallas</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Dallas</i>	
b. CITY OR TOWN <i>Buffalo</i> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Buffalo</i> 0300 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Oak Grove addition</i>		d. STREET ADDRESS (If outside, give location) <i>Oak Grove Addition</i>	
3. NAME OF DECEASED (Type or print) First <i>GRACE</i> Middle <i>R.</i> Last <i>CARTER</i>		4. DATE OF DEATH Month <i>1</i> Day <i>6</i> Year <i>1959</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-11-1888</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>	11. BIRTHPLACE (City and state or country) <i>Dallas Co. Mo.</i>
10c. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>George Scott</i>		13b. MOTHER'S MAIDEN NAME <i>Iola Ballinger</i>	
14. NAME OF HUSBAND OR WIFE <i>Erby Carter</i>		17. INFORMANT Address <i>Erby Carter Buffalo Mo</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> DUE TO (b) <i>Cold and Exposure</i> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <i>4:20</i>	
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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <i>5:35 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James Cowner 3</i>		22b. ADDRESS <i>Buffalo Mo</i>	
22c. DATE SIGNED <i>1-7-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>1/12-59</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Buffalo Mo.</i>	
24. FUNERAL DIRECTOR <i>L.B. Jones</i> ADDRESS <i>Buffalo Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>1/28/59</i>	
26. REGISTRAR'S SIGNATURE <i>Mrs Vera Petree</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 me....., Student Embalmer No. ✓..... working under my personal supervision.

Student ✓.....  
Signature of Student Embalmer

Signed R.E. Cheatham.....

Licensed Embalmer No. 3813.....

P. O. Address Buffalo, N.Y......

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.