

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004986

STATE FILE NUMBER

Registration District No. 878 Primary Registration District No. \_\_\_\_\_ Registrar's No. 17

1. PLACE OF DEATH  
a. COUNTY Daviess  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pattonsburg Inside Limits Yes  No   
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION --- Length of stay in lb 50 Yrs  
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Daviess  
c. CITY OR TOWN Pattonsburg 310 Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) --- Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last Mary Levena Carter  
4. DATE OF DEATH Month Day Year 2-26-59  
5. SEX Female 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
8. DATE OF BIRTH 6-12-1878 9. AGE (In years last birthday) 80 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housekeeper 11. BIRTHPLACE (City and state or country) Daviess County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.  
13a. FATHER'S NAME Greenville Cooper 13b. MOTHER'S MAIDEN NAME Nancy Sanders 14. NAME OF HUSBAND OR WIFE William F. Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Mrs. Ella Mae Maxwell, Pattonburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Theplinitis (Enterotid)  
DUE TO (b) Rheumatoid Arthritis  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH 2 yrs 15 yrs  
19. WAS AUTOPSY PERFORMED? YES  NO

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 Month, Day, Year a.m. p.m.

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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on 2/26/59  
Death occurred at 12:15 P.M. 1956 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) P. D. Baumgardner M.D. 22b. ADDRESS 201 Main Pattonburg, Mo. 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-1-59 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery 23d. LOCATION (City, town, or county) (State) Pattonburg, Mo.

24. FUNERAL DIRECTOR ADDRESS Louis Quest Pattonburg, Mo. 25. DATE RECD. BY LOCAL REG. 2-28-59 26. REGISTRAR'S SIGNATURE Vergil Wengelhart

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300  
1-57

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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 *Louis Quest* .....

Licensed Embalmer No. *4096* .....

P. O. Address *Pattonsburg, 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.