

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008396

STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 147

300
-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Missouri		c. CITY OR TOWN CATRON 0720	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION M.U. Medical Center		d. STREET ADDRESS (If outside, give location) Box 113	
Length of stay in lb 12 DAYS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ELLIS Middle CARTER Last CARTER			4. DATE OF DEATH Month 3 Day 29 Year 59			
5. SEX MALE	6. COLOR OR RACE 2 Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-14-10	9. AGE (In years last birthday) 49		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common	11. BIRTHPLACE (City and state or country) McCOA, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME SAU CARTER		13b. MOTHER'S MAIDEN NAME CAROLINA William		14. NAME OF HUSBAND OR WIFE AMELIA 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. -----	17. INFORMANT Address Hospital Records Columbia 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) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aspiration of gastric contents			3 days
DUE TO (c) Uremia			3 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malignant Hypertension			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. INJURY OCCURRED WHILE AT <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 **not at all**, to _____ and last saw ^{her} _{him} alive on _____
Death occurred at **11:25 AM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dale B. Sparks, M.D.	22b. ADDRESS University Hosp; Columbia Mo	22c. DATE SIGNED 3-29-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-1-59	23c. NAME OF CEMETERY OR CREMATORY Lilburn Cemetery	23d. LOCATION (City, town, or county) (State) Lilburn Mo
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24. FUNERAL DIRECTOR ADDRESS Sparks, Columbia	25. DATE RECD. BY LOCAL REG. Mar. 30, 1959	26. REGISTRAR'S SIGNATURE Mrs R E Palomek
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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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4425
P. O. Address Columbia

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.