

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010039

STATE FILE NUMBER

5

Health,
Welfare
Public
Service

FILED APR 14 1959

Registration District No. 176 Primary Registration District No. 5-656 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Halltown Ozark		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Halltown
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb Native	d. STREET ADDRESS (If outside, give location) VS 66
3. NAME OF DECEASED (Type or print) First Middle Last Doss Carter			4. DATE OF DEATH Month Day Year 4-6-1959
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-25-1883
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 75
11. BIRTHPLACE (City and state or country) Greene Co. O		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Stephen Carter		13b. MOTHER'S MAIDEN NAME Sarah Richard	14. NAME OF HUSBAND OR WIFE Melbie Carter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-40-7677	17. INFORMANT Mrs. Melbie Carter Address Halltown 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) <u>Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cor. Pulmonale</u> DUE TO (c) <u>Myocardial Stearosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis and malnutrition</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u> <u>Unknown</u> <u>Unknown</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. 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 <u>May 1954</u> to <u>4-6-59</u> and last saw him alive on <u>4/2/59</u> Death occurred at <u>11:42</u> P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Donald E. George</u>		22b. ADDRESS <u>Millersville Mo</u>	22c. DATE SIGNED <u>4/8/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-9-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Halltown</u>	23d. LOCATION (City, town, or county) (State) <u>Halltown Mo.</u>
24. FUNERAL DIRECTOR <u>Morris Leiman</u>		ADDRESS <u>Miller Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-8-59</u>
26. REGISTRAR'S SIGNATURE <u>W. B. Beasley</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 *E. R. Feiman*.....

Licensed Embalmer No. *3297*.....

P. O. Address *Miller*.....

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.