

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013950  
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 175 Primary Registration District No. 3026 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Aurora</b>		c. CITY OR TOWN <b>Aurora</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Aurora Hospital</b>		d. STREET ADDRESS <b>117 W. Copfield</b>	
3. NAME OF DECEASED (Type or print) <b>MILO CARTER</b>		4. DATE OF DEATH Month Day Year <b>April 11, 1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 29, 1907</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Leather Cutter</b>		11. BIRTHPLACE (City and state or country) <b>Aurora, Missouri</b>	
13a. FATHER'S NAME <b>Parke Carter</b>		14. NAME OF HUSBAND OR WIFE <b>Ella Mae Carter</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes WW2 1942-43</b>		17. INFORMANT <b>Ella Mae Carter</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shot wound head</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 min</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Shot self thru right temple "Bad eye" cor.</b>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <b>10:20 pm Apr. 11-1959</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>976x</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Aurora, Missouri</b>	
21. I attended the deceased from <b>April 11, 1959</b> to <b>April 11, 1959</b> and last saw him alive on <b>April 11, 1959</b> Death occurred at <b>10:20 am April 11, 1959</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Dr. Cellum M.D.</b>		22b. ADDRESS <b>S. Elliott Aurora, Mo.</b>	
22c. DATE SIGNED <b>Apr. 13/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/14/59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Aurora, Missouri</b>	
24. FUNERAL DIRECTOR <b>Arnold's Funeral Home;</b>		25. DATE RECD. BY LOCAL REG. <b>4-13-59</b>	
ADDRESS <b>Aurora, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Ora McMatt</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 8 1 1959

APR 28 1959

STATEMENT BY LICENSED EMBALMER

APR 22 1959

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 *Ewin R. Arnold* .....

Licensed Embalmer No. *1929* .....  
P. O. Address *Aurora, 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.