URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-030107
STATE FILE NUMBER

FILED VS AUG 25 1960

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett
Length of stay in 1b D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Memorial
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dunklin
c. CITY OR TOWN Kennett
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 2
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Marion Middle: Francis Last: Carter
4. DATE OF DEATH Month: Aug. Day: 11 Year: 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-11-1895
9. AGE (last birthday) 65
IF UNDER 1 YEAR: Months 4 Days Hours Min.
IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Paris, Tenn
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Flora Carter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-22-6347
17. INFORMANT Flora Carter Address Kennett, Mo. Rt. 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
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/him alive on _____
Death occurred at Approximately 5:00p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Quinton Tarver (Degree or title) Quinton Tarver, Coroner
22b. ADDRESS Kennett, Mo.
22c. DATE SIGNED 8-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-13-1960
23c. NAME OF CEMETERY OR CREMATORY Gregory
23d. LOCATION (City, town, or county) (State) Near Kennett, Mo.

24. FUNERAL DIRECTOR McDaniel Funeral Ser. ADDRESS Kennett, Mo.
25. DATE RECD. BY LOCAL REG. 8-20-1960
26. REGISTRAR'S SIGNATURE Earl Hinshaw

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 18 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Tommy L. McWhirter

Licensed Embalmer No. 4886

P. O. Address Kennett,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.