MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-011915
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 96

FILED MAR 19 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HANNIBAL — Length of stay in 1b: 8 WKS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. ELIZABETH HOSPT. — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First LONNIE Middle MILTON Last CARTER
4. DATE OF DEATH: Month MAR Day 13 Year 1962
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: FEB 16 1880
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): PIKE Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: CLIFTON CARTER
13b. MOTHER'S MAIDEN NAME: HARRIET ANN NELSON
14. NAME OF HUSBAND OR WIFE: SADIE 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.: ✓
17. INFORMANT: BESSIE MILLER Address: FRANKFORD Mo

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): Terminal bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral hemiplegia — 7 wks
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 1/20/62, to 3/13/62 and last saw him alive on 3/13/62
Death occurred at 7:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Murphy MD
22b. ADDRESS: 100 N.6th, Hannibal, Mo.
22c. DATE SIGNED: 3/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAR 15 1962
23c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW CEMETERY
23d. LOCATION (City, town, or county) (State): NEW LONDON Mo

24. FUNERAL DIRECTOR: MESOWN FUNERAL HOME — ADDRESS: FRANKFORD Mo.
25. DATE RECD. BY LOCAL REG.: March 15, 1962
26. REGISTRAR'S SIGNATURE: Dr. E.M. Luche by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Joe Fields Megown

Signature of Student Embalmer

Licensed Embalmer No. 4093

P. O. Address Frankfort Ohio.

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.

Permit issued 3/5/62