

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004915

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360

Primary Registration District No. 3076

Registrar's No.

STATE FILE NUMBER

FILED FEB 1 1963

VS:300
Rev. 4/59

1 1095
2 10-85
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4 1
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7 0
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9 331X
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12 86-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada | | Length of stay in 1b 11 years | c. CITY OR TOWN Nevada Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Percifield's Nursing Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 935 West Hunter Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Mabel Middle Sarah Last Carter | | | 4. DATE OF DEATH Month January Day 25 Year 1963 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2/18/1885 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 77 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 11a. FATHER'S NAME J R Melton | | 11b. BIRTHPLACE (City and state or country) Lafayette County, Mo. | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME Maggie E Chambers | 12. CITIZEN OF WHAT COUNTRY U.S.A |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) | | 14. NAME OF HUSBAND OR WIFE John W Carter Address Mrs Ellen Rickman Richards, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral-Vascular accident | | INTERVAL BETWEEN ONSET AND DEATH 4 hrs. | |
| Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last. DUE TO (b) Cerebral-arteriosclerosis | | Unknown | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive heart failure. | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <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 March, 1960 to Jan. 25, 1963 and last saw her/he alive on Jan. 25, 1963 Death occurred at Nevada, Missouri 2:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>L.P. McCann</i> L.P. McCann, M. D. | | 22b. ADDRESS Moore Building, Nevada, Mo. | 22c. DATE SIGNED 1/28/1963 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1/30/63 | 23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park | 23d. LOCATION (City, town, or county) (State) Nevada, Missouri |
| 24. FUNERAL DIRECTOR Eichinger-Milster Funeral Home | | ADDRESS Nevada, Missouri | 25. DATE RECD. BY LOCAL REG. 1-29-63 |
| | | 26. REGISTRAR'S SIGNATURE <i>Anna G. Perry</i> | |

(Licensed Embalmer's Statement on Reverse Side)

MAR 25 1963

EMERALD EMBLERS

11 8 2 2

1 4 0 9

0 2 3

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 *Sercy F. Milster*

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.