

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021103

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 292 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED JUN 3 1963

VS 300	DATE AMENDED
Rev. 4/59	
1 <u>0870</u>	
2 <u>0870.3</u>	
3	
4 <u>1</u>	
5 <u>1</u>	
6	
7 <u>1</u>	
8 <u>3</u>	
9 <u>4222</u>	
10	
11	
12 <u>90-2</u>	
13 <u>1-0</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ:

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ralls.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ralls.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Center, Missouri.</u>		Length of stay in 1b <u>30 Yrs</u>	c. CITY OR TOWN <u>Center, Missouri.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Center, Missouri.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Center, Missouri.</u>
3. NAME OF DECEASED (Type or print) First <u>DORA</u> Middle <u>L.</u> Last <u>CARTER.</u>		4. DATE OF DEATH Month <u>May</u> Day <u>26</u> , Year <u>1963.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-4-83</u>
9. AGE (last birthday) <u>80</u>		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) <u>Housew rk.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home.</u>	11. BIRTHPLACE (City and state or country) <u>Atlas, Illinois</u>
12. CITIZEN OF WHAT COUNTRY <u>U, S, A.</u>		13. FATHER'S NAME <u>Newton Kindred.</u>	
14. MOTHER'S MAIDEN NAME <u>Edna Saap.</u>		14. NAME OF HUSBAND OR WIFE <u>Charles C. Carter.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT <u>Charles C. Carter.</u>
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis Acute</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocarditis Chronic</u> DUE TO (c) <u>unknown</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>2 years</u>
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. <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 _____ a.m. _____ p.m. Month, Day, Year _____	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 <u>Jan. 5 '60</u> to <u>May 26 '63</u> and last saw her <u>alive</u> on <u>May 25 1963</u> Death occurred at <u>4:00</u> A. <u>m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. H. Brooks</u>		22b. ADDRESS <u>D?O. Center, Missouri.</u>	22c. DATE SIGNED <u>5-28-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-28-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Plesant Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Ralls County, Mo.</u>
24. FUNERAL DIRECTOR <u>Clyde. Wiley</u> Perry, Mo.		25. DATE RECD. BY LOCAL REG. <u>5-28-1963</u>	26. REGISTRAR'S SIGNATURE <u>Clyde. Wiley</u>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 Clyde W. Wiskay

Licensed Embalmer No. 5820.

P. O. Address Perry, Missouri.

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.