

FILED SEP 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27961**

BIRTH NO. _____		REG. DIST. NO. <u>296</u>		PRIMARY REG. DIST. NO. <u>4444</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camden</u>		c. LENGTH OF STAY (in this place) <u>76 years</u>		c. CITY OR TOWN <u>Camden</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Street not listed</u>				e. STREET ADDRESS (If rural, give location) <u>Street not listed</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>J.</u>		c. (Last) <u>CARPENTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 28, 1956</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>August 31, 1880</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR OF AGE: Months <u>11</u> Days <u>22</u> Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad man</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Watered Railroad</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Camden Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin D. Carpenter</u>			13b. MOTHER'S MAIDEN NAME <u>Eviline Harrison</u>			14. NAME OF HUSBAND OR WIFE <u>Bernice (Halle) Carpenter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles E. Carpenter, Denver Carpenter</u> ADDRESS _____				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		II. OTHER SIGNIFICANT CONDITIONS							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <u>Chronic Myocarditis</u>							
		DUE TO (c) <u>arterio-sclerosis</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? _____						4201	
22. I hereby certify that I attended the deceased from <u>8-1-</u> , 19 <u>56</u> to <u>8-28-</u> , 19 <u>56</u> that I last saw the deceased alive on <u>8-28-</u> , 19 <u>56</u> , and that death occurred at <u>1:50 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. E. Fay MD</u> (Name or title)				23b. ADDRESS <u>Richmond</u>				23c. DATE SIGNED <u>8-21-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 30, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Camden, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-6-56</u>		REGISTRAR'S SIGNATURE <u>Allen J. Laskin</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>QUEST-LIFE FUNERAL HOME</u> ADDRESS <u>RICHMOND MISSOURI per dead file</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 21 1958

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 *James A. Hill*.....

Licensed Embalmer No. *4066*..

P. O. Address *Richmond*..

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.