

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36676  
Registrar's No. 1025

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <b>CRIME</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Stoutland</b>	
c. LENGTH OF STAY (In this place) <b>10 days</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Howard</b> b. (Middle) <b>Arden</b> c. (Last) <b>Carpenter</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 18, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 11, 1908</b>
9. AGE (In years last birthday) <b>41</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>	11. BIRTHPLACE (State or foreign country) <b>Windsor, Vermont</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Oil Refinery</b>	12. COUNTRY OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Arden Carpenter</b>	13b. MOTHER'S MAIDEN NAME <b>Sola Dickey</b>	14. NAME OF HUSBAND OR WIFE <b>Helen Carpenter</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes World War II</b>	16. SOCIAL SECURITY NO. <b>512-01-4674</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Bruce Carpenter, Westminister, Mass</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Contusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 DAYS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture comminuted left ribs</b>		
	DUE TO (c) <b>Fracture compound of femur</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture compound of left femur</b>		<b>10 DAYS</b>	

19a. DATE OF OPERATION <b>NOV 8 1950</b>	19b. MAJOR FINDINGS OF OPERATION <b>As above</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ROADSIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HIGHWAY 66</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>LACLEDE MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NOV 8 1950 1A</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto accident. P. 26 89234</b>

22. I hereby certify that I attended the deceased from **Nov 8, 1950**, to **Nov 18, 1950**, that I last saw the deceased alive on **Nov 17, 1950**, and that death occurred at **7:30 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>Daniel R. Yancey MD</b>		23b. ADDRESS <b>Springfield, MO</b>		23c. DATE SIGNED <b>Nov 18 1950</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 20 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stoutland City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stoutland MO</b>	
DATE REC'D BY LOCAL REG. <b>11-21-50</b>	REGISTRAR'S SIGNATURE <b>W E Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Palmer's</b>		ADDRESS <b>Lebanon, MO</b>

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

1396

MS SEP 27 1969

MDV 28 1950

YS OCT 7 1969

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 .....  
Student Embalmer

Signed Richard L. Palmer.....

Licensed Embalmer No. 4595.....

P. O. Address Lebanon, 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 this body is not embalmed, fact should be so stated above.