

FILED APR 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. **11574**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 403

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117	
c. LENGTH OF STAY (In this place) 21 yrs.		d. STREET ADDRESS (If rural, give location) 2303 N. W. Extension Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Claryce	b. (Middle) Corrine	c. (Last) Carper	4. DATE OF DEATH (Month) (Day) (Year) April 10, 1951.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 24, 1909.	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Hopkins, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Schley	13b. MOTHER'S MAIDEN NAME Georgia Tatman	14. NAME OF HUSBAND OR WIFE Earle Carper
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Earle Carper	ADDRESS St. Joseph, Missouri.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic and infiltrative carcinomatosis of pelvis		2 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of cervix DUE TO (c)		3 years (approx)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 174 X			

19a. DATE OF OPERATION 10-24-50	19b. MAJOR FINDINGS OF OPERATION Same as in above diagnoses	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11, 1950, to 4-10, 1951, that I last saw the deceased alive on 4-10, 1951, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE Thompson E. Potter (Degree or title) M.D.	23b. ADDRESS 518 - Joseph 54, Mo.	23c. DATE SIGNED 4-11-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 12, 1951.	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. April 18, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 17 1961

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*****

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working under my personal supervision.

Student Embalmer No.....***.....

Signed.....** ** **
Student Embalmer

Signed *Elbert C. Harrington*

Licensed Embalmer No..... 3258 Missouri.

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