

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19803

State File No.

FILED JUL 5 - 1951

BIRTH NO.		REG. DIST. NO. <u>106</u>	PRIMARY REG. DIST. NO. <u>3420</u>	Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gibson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gibson, Missouri</u>		<u>0350</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>		<u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u> </u> c. (Last) <u>CARPENTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 16 1951</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>Aug. 31, 1888</u>	9. AGE (In years last birthday) <u>62</u>	
			<u>9</u> Months <u>15</u> Days	<u>0</u> Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Carpenter</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lottie Carpenter</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lottie Carpenter, Gibson, Missouri</u>		
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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Renal Disease</u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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)		<u>442X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <u>Aug 2, 1945</u> , to <u>June 15, 1951</u> , that I last saw the deceased alive on <u>June 15, 1951</u> , and that death occurred at <u>9:15 Am</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Samuel L. Franklin M.D. Campbell Mo.</u>		23b. ADDRESS <u> </u>	23c. DATE SIGNED <u>6/18/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 19 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Gilead Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarkton, No. R.1</u>		
DATE REC'D BY LOCAL REG. <u>June 21-51</u>	REGISTRAR'S SIGNATURE <u>J. Anderson</u> <u>89</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Landess Funeral Home Campbell, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0350
1

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 6-23-51
COUNTY FILE NUMBER 651-167....

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 Christina M. Landers
Licensed Embalmer No. 4227

P. O. Address Campbell, 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.