

72  
0

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

FILED JUL 3- 1951

STANDARD CERTIFICATE OF DEATH

State File No. 21745

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	c. LENGTH OF STAY (in this place) <b>since Oct. 12, 1949</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b> <b>0972</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon hospital</b>		d. STREET ADDRESS (If rural, give location) <b>543 East Eastwood</b>	

3. NAME OF DECEASED a. (First) <b>Lucy Lee</b> b. (Middle) <b>Guthrey</b> c. (Last) <b>Carpenter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 25th, 1951.</b>		
---	--	--	--	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 15, 1862</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 28 HRS. Hours Min.
-------------------------	----------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (State or foreign country) <b>Saline County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
--	--	---	--

13a. FATHER'S NAME <b>Daniel T. Guthrey</b>	13b. MOTHER'S MAIDEN NAME <b>Harriet Brown</b>	14. NAME OF HUSBAND OR WIFE -----	
--	---	--------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W.T. Carpenter, Marshall, Mo.</b>	ADDRESS -----
---	--	---	------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>As it life</b>		<b>1 yr.</b>
	DUE TO (b) -----		
	DUE TO (c) <b>Hypertension</b>		<b>?</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>6962x</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>23</b>	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)	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 **Oct 12, 1949**, to **June 25, 1951**, that I last saw the deceased alive on **June 24, 1951**, and that death occurred at **7:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. T. Carpenter M.D.</b>	23b. ADDRESS <b>Marshall</b>	23c. DATE SIGNED <b>6/25/51</b>
---	---------------------------------	------------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 27, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>
---	-----------------------------------	--	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>June-26-1951 Sidney F. Gray</b>	385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CAMPBELL-LEWIS-MARSHALL-Mo</b>
---	-----	---

RECEIVED 7-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 7-2-51 .....

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 .....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *R. W. Campbell Jr.*

Licensed Embalmer No. *3469*

P. O. Address *Marshall Me*

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.