

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

37041

State File No. ....

FILED DEC 6 1951

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>204</u>		Registrar's No. <u>159</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laredo</u>			c. LENGTH OF STAY (in this place) <u>6 years.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laredo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>			b. (Middle) <u>Alma</u>			c. (Last) <u>Carpenter</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>November 27 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 10 1866</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>		IF UNDER 12 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Des Moines Iowa</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Samuel Edgerton</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Means</u>			14. NAME OF HUSBAND OR WIFE <u>Walter L. Carpenter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Louise Carpenter</u> ADDRESS <u>1405 Trenton Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic of Right Breast with metastasis to liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
				ANTECEDENT CAUSES DUE TO (b) _____					
				DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Nov-1st, 1951</u> , to <u>Nov 27th, 1951</u> , that I last saw the deceased alive on <u>Nov 27th, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Cliver F. Duffy</u> (Degree or title)				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>Nov 28th</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/30/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stucker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laredo MO</u>			
DATE REC'D BY LOCAL REG. <u>11-30-51</u>		REGISTRAR'S SIGNATURE <u>Jane Jais</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E.T. Robertson</u> ADDRESS <u>Funeral Home Laredo MO</u>					

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



**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.....

*J. M. Robertson*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

*4388*

P. O. Address.....

*Laredo 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.