

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37202**  
**4830**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>6 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1018 Broadway</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital # 1</b>			

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3. NAME OF DECEASED (Type or Print) a. (First) <b>Jesse</b> b. (Middle) <b>H.</b> c. (Last) <b>Carpenter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 12 51</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>10-17-88</b>		9. AGE (In years last birthday) <b>63</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>		11. BIRTHPLACE (State or foreign country) <b>Waynesville, Mo.</b>	
13a. FATHER'S NAME <b>Carpenter Christopher Columbus</b>		13b. MOTHER'S MAIDEN NAME <b>Ida May Vaughn</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>C. L. Carpenter, brother 2810 Gilham Rd.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the prostate with metastases</b>		<p>177A</p>	
		ANTECEDENT CAUSES			
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>to abdominal lymphnodes and to skeleton, liver, lungs and spleen</b></p> <p>DUE TO (c) <b>Malnutrition</b></p>			
II. OTHER SIGNIFICANT CONDITIONS		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 10-22, 1951, to 11-12, 1951, that I last saw the deceased alive on Nov. 12, 1951, and that death occurred at 9:05 am., from the causes and on the date stated above.

23a. SIGNATURE <b>B.I. Burns</b> (Degree or title)		23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>11-12-51</b>	
24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE <b>11-12-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Waynesville Mo</b>	
24d. LOCATION (City, town, or county) (State) <b>Waynesville Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm C L Foster R C Mo</b>			
DATE REC'D BY LOCAL REG. <b>11-12-51</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>			

(Licensed Embalmer's Statement on Reverse Side)

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. August Herrick*  
Licensed Embalmer No. 3599  
P. O. Address JT C No

Signed.....  
Student Embalmer

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.