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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42115

State File No.

LED JAN 3 1952

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Richmond Twp</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile north of Richmond</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Lexington Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ORBIE</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>CARPENTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 8, 1951</u>
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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>January 2, 1899</u>	9. AGE (In years - Last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General construction</u>	11. BIRTHPLACE (State or foreign country) <u>Rayville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Alfred Carpenter</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Thacker</u>	14. NAME OF HUSBAND OR WIFE <u>Vivian McCanless</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-07-1860</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vivian Carpenter, RFD 1, Richmond, Mo.</u>	ADDRESS
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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 <u>5 minutes</u> <u>10 minutes</u> <u>15 minutes</u> <u>Several years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sudden cardiac arrest</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anoxia</u> DUE TO (c) <u>Atelectasis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocardial fibrosis</u>			

19a. DATE OF OPERATION <u>12/8/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Herniated nucleus pulposus L-4 & L-5</u>	19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>7.35X</u>

22. I hereby certify that I attended the deceased from 12-8, 1951, to 12-8, 1951, that I last saw the deceased alive on 12-8, 1951, and that death occurred at 9:25 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. L. Westerson, MD</u>	23b. ADDRESS <u>Richmond, Mo.</u>	23c. DATE SIGNED <u>12/15/51</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 11, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crowley Cemetery</u>	24d. LOCATION (City; town; or county) (State) <u>Rayville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-20-51</u>	REGISTRAR'S SIGNATURE <u>Marion Erastus Pook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home</u>	ADDRESS <u>Richmond, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 2 1952

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed JAN 2 1952 -----

MAR 20 1953

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 *Wm. L. Thurman* -----

Licensed Embalmer No. *4563* -----

P. O. Address *Richmond, 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.