

STANDARD CERTIFICATE OF DEATH

State File No. **855**

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 11

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| 1. PLACE OF DEATH a. COUNTY <u>Gentry Co.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City Mo. 038.1</u> | |
| c. LENGTH OF STAY (in this place) <u>65 yr.</u> | | d. STREET ADDRESS (If rural, give location) <u>9</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dawes Rest Home.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Carpenter</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1.26.1952.</u> | |
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| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>9.21.1868</u> | | 9. AGE (In years last birthday) <u>83</u> | | IF UNDER 1 YEAR Months <u>6</u> Days <u>5</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>Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Same.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Ohio</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
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| 13a. FATHER'S NAME <u>Mark Eulinger</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louise D. Plant.</u> | | 14. NAME OF HUSBAND OR WIFE <u>Oman F.</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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ida Dawes. King City 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 da</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza virus</u> | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> | | | | 20 JAN 1952 | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>-- 492x</u> | | | | 20. AUTOPSY? YES <input 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) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
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22. I hereby certify that I attended the deceased from 4-29-1880, to 1.26.1952, that I last saw the deceased alive on 1-26-1952, and that death occurred at 11:15 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>D. B. Black</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>King City Mo.</u> | | 23c. DATE SIGNED <u>1228.1952</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1.29.52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairport.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Fairport Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>Feb 2-52</u> | | REGISTRAR'S SIGNATURE <u>Maudie Williams</u> <u>462-0</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R. J. Mcginnis</u> | | ADDRESS <u>King City Mo.</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

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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

R. G. Taggart

Signed.....

Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City 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.