

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24015**BIRTH NO. _____ REG. DIST. NO. **83** PRIMARY REG. DIST. NO. **5315** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY COOPER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COOPER		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (RURAL) SALINE		c. LENGTH OF STAY (in this place) 3 mo.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (RURAL) SALINE		8270
d. FULL NAME OF HOSPITAL OR INSTITUTION PRAIRIE HOME MO			d. STREET ADDRESS (If rural, give location) PRAIRIE HOME MO.		

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) MILBURN c. (Last) CARPENTERY			4. DATE OF DEATH (Month) (Day) (Year) July 30-1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). WIDOWED	8. DATE OF BIRTH OCT-12-1894		9. AGE (in years last birthday) 98
10a. USUAL OCCUPATION (Give kind of work designating most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME HENRY CARPENTERY		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE DEAD LEON CARPENTERY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Oda E. Hickam ADDRESS Pririe Home mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH one week
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) had one about month before			
		DUE TO (c) old age			
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 334X		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 **one time**, 19 **7-23**, 19**52**, that I last saw the deceased alive on **7-23**, 19**52**, and that death occurred at **7:30-32pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. H. T. Frasier		23b. ADDRESS D.C. P.H.C. Boonville, Mo.		23c. DATE SIGNED 7/31-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG-1-1952		24c. NAME OF CEMETERY OR CREMATORY MT ZION CEMETERY	
24d. LOCATION (City, town, or county) (State) NEAR JAMESTOWN Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C. ALBERT HORNBECK ADDRESS PRIRIE HOME MO			
DATE REC'D BY LOCAL REG. 7/31/52		REGISTRAR'S SIGNATURE U.T. Meredith		442	

(Licensed Embalmer's Statement on Reverse Side)

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

1270

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 Lo. Albert Hornbeck.....

Licensed Embalmer No. 2714.....

P. O. Address Prarie Home, 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.