

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2271

State File No.

FILED FEB 9 1953

BIRTH NO. 3172 REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5805 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL JEFFERSON TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL JEFFERSON TWP.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>RFD STOUTSVILLE 0690</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD STOUTSVILLE</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>ALVIN</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>CARPENTER</u>	<u>FEB. 2, 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>FEB 1 1953</u>	9. AGE (in years last birthday)	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE CO., MO., U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>BRUCE CARPENTER</u>	13b. MOTHER'S MAIDEN NAME <u>DARLENE HUGHES</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
15. WAS DECEASED EVER IN U.S.-ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service)		16. SOCIAL SECURITY NO. <u>776 X</u>
17. INFORMANT'S SIGNATURE OR NAME <u>BRUCE CARPENTER, Stoutsville, 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>Plumure with 8 months</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>776 X</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Feb 1, 1953, to Feb 2, 1953, that I last saw the deceased alive on Feb 1, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>PARIS, Mo.</u>	23c. DATE SIGNED <u>2-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cem., MADISON, MONROE Co., Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>PARIS, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>2/2/53</u>	REGISTRAR'S SIGNATURE <u>F. Q. Barnard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed & Blakey</u>	ADDRESS <u>PARIS, MISSOURI</u>

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address PARIS, MISSOURI

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.