

S. No. 300
IV. 10.48

10184

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 109

FILED MAR 31 1953

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| BIRTH NO. _____ | | REG. DIST. NO. 146 | | PRIMARY REG. DIST. NO. 3026 | | Registrar's No. 109 | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | |
| b. CITY OR TOWN <u>Independence</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>Rural Blue</u> | | d. STREET ADDRESS (If rural, give location) <u>35th and Roland</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u> | | | | d. STREET ADDRESS (If rural, give location) _____ | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> | | | b. (Middle) <u>Warren</u> | | c. (Last) <u>Carpenter</u> | | 4. DATE OF DEATH <u>March-15-1953</u> (Month) (Day) (Year) | |
| 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>June-19-1880</u> | | 9. AGE (in years; last birthday) <u>72</u> | if UNDER 1 YEAR Months <u>8</u> Days <u>26</u> | if UNDER 24 HRS Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Trading Post, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>W. W. Carpenter</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Dorothy Nelson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Pauline Carpenter</u> | | | |
| 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 # <u>490-05-8282</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Carpenter</u> | | ADDRESS <u>Independence, 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. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease & decompensation</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>@ home</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. | | | | | | | | |
| 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 <u>Jan 8, 1953</u> to <u>March 14, 1953</u> , that I last saw the deceased alive on <u>March 14, 1953</u> , and that death occurred at <u>8:15 a.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>W. H. Anderson</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>1015 S. 35th St. Independence, Mo.</u> | | 23c. DATE SIGNED <u>3/15/53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Mar. 17 - 53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Trading Post</u> | | 24d. LOCATION (City, town, or county) (State) <u>Trading Post Kansas</u> | | |
| DATE REC'D BY LOCAL REG. <u>3-16-53</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Coland R. Speaks</u> ADDRESS <u>Independence</u> | | | | |

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert J. Frank

Licensed Embalmer No. 5604

P. O. Address Indy, Ind.

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.