

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14869**

FILED MAY 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5-694 Registrar's No. 15

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Miller Lincoln</u>	c. LENGTH OF STAY (In this place) <u>Native</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Miller Lincoln</u>	d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1 0550</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED a. (First) <u>Oscar</u> b. (Middle) <u>O Dale</u> c. (Last) <u>Carpenter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-1-1953</u>			
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>8-24-1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Native</u>	

13a. FATHER'S NAME <u>Henry Carpenter</u>	13b. MOTHER'S MAIDEN NAME <u>Abelene Pennington</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Mae 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 NO. <u>Mo.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Mae Carpenter Miller 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>Chronic Glomerulonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</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>Previous prostatic hypertrophy relieved by resection</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>592 X</u>	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 Oct. 21, 1952, to April 30, 1953, that I last saw the deceased alive on April 30, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clifford H. Jones</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Miller, Missouri</u>	23c. DATE SIGNED <u>May 4, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>5-3-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brick Church</u>	24d. LOCATION (City, town, or county) (State) <u>S. E. of Miller Mo.</u>
DATE REC'D BY LOCAL REG. <u>5-2-53</u>	REGISTRAR'S SIGNATURE <u>M. S. Br...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Selman</u>	ADDRESS <u>Miller Mo.</u>

**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 \_\_\_\_\_

*E. R. Seaman*

Licensed Embalmer No. 3297

P. O. Address Millon 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.