

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **873**

2

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Burlington Junction)	
c. LENGTH OF STAY (in this place) 11 mos. 18 days		d. STREET ADDRESS (If rural, give location) 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2			

3. NAME OF DECEASED (Type or Print) ADDIE CARPENTER			4. DATE OF DEATH August 5, 1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH April 17, 1880		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Hours 3 Mins. 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school teacher		10b. KIND OF BUSINESS OR INDUSTRY public schools		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME George P. Carpenter		13b. MOTHER'S MAIDEN NAME Jeanette Ringo		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ***		17. INFORMANT'S SIGNATURE OR NAME Earl Anderson-Maryville, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		DUPLICATE TO (b) Arteriosclerosis		2 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		5 years	
		DUE TO (b) Arteriosclerosis			
		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 **July 17, 1953**, to **Aug 5, 1953**, that I last saw the deceased alive on **Aug 5, 1953**, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G.E. Cassin, M.D.		23b. ADDRESS State Hosp. #2, St. Joseph, Mo.		23c. DATE SIGNED 8-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug 6, 1953		24c. NAME OF CEMETERY OR CREMATORY Burlington Junction	
24d. LOCATION (City, town, or county) (State) Burlington Junction, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Stacey Funeral Home		ADDRESS -St. Joseph	

DATE REC'D BY LOCAL REG. **Aug 11, 1953** REGISTRAR'S SIGNATURE **Kathleen M. Allison** 4810

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 Charles E. Bennett

Licensed Embalmer No. 41673

P. O. Address St. Joseph, 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.