

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42643

State File No. _____

FILED DEC 28 1953

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 4203 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Galt</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Galt</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORVILLE</u> b. (Middle) <u>CLAUDE</u> c. (Last) <u>CARPENTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-1953</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-6-1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Comm work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Ralph J Carpenter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse Carpenter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>486-12-7154</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jesse Carpenter Galt 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Typhemia, malnutrition and terminal stages of uremia.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastatic carcinoma</u> DUE TO (c) <u>Carcinoma of stomach</u>			<u>6 mo.</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>1 year</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>151X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 June, 1952, to Dec, 1953, that I last saw the deceased alive on Dec 15, 1953, and that death occurred at 2:25 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>Alta W. Eitel M.D.</u>	23b. ADDRESS <u>Galt Mo</u>	23c. DATE SIGNED <u>Dec 16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-18-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Galt Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Galt Mo</u>
DATE REC'D BY LOCAL REG. <u>12-18-53</u>	REGISTRAR'S SIGNATURE <u>Jesse Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Phyllis Son</u>	ADDRESS <u>Galt Mo</u>

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

0400

[JUN 3 1954]

DEC 23 1954

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

PK Payne J

Licensed Embalmer No. *3400*

P. O. Address

Galt

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.