

STANDARD CERTIFICATE OF DEATH

State File No. 9797

BIRTH NO. FILED MAR 16 1954 REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 6054 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY St. Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rockville-Rural			c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Rockville			0930 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osage Township				d. STREET ADDRESS (If rural, give location) Township				
3. NAME OF DECEASED (Type or Print)		a. (First) Leslie	b. (Middle) L.	c. (Last) Carpenter		4. DATE OF DEATH (Month) (Day) (Year) Mar, 9, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb; 26, 1911		9. AGE (in years last birthday) 43	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Clair County Mo; 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Carpenter			13b. MOTHER'S MAIDEN NAME Stella Able		14. NAME OF HUSBAND OR WIFE Ruby Carpenter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Carpenter, Rockville Mo;				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					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>seen only after death</u> , 19 <u>54</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. [Signature]</u> (Degree or title)				23b. ADDRESS <u>Appleton City</u>		23c. DATE SIGNED <u>10 Mar 54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-11-54	24c. NAME OF CEMETERY OR CREMATORY Harmony		24d. LOCATION (City, town, or county) (State) Appleton City Mo.			
DATE REC'D BY LOCAL REG. Mar. 11, 1954		REGISTRAR'S SIGNATURE <u>Chas. Abney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. [Signature]</u>		ADDRESS <u>Osceola Mo</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 J. B. [Signature]

Licensed Embalmer No. 3038

P. O. Address Oseola 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.