FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14717

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 6246 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Concord
c. LENGTH OF STAY (in this place) 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2 mi. S. of Irondale

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Concord 11.00
d. STREET ADDRESS (If rural, give location) 2, mi. South of Irondale

3. NAME OF DECEASED (Type or Print)
a. (First) ROBERT b. (Middle) WILLIAM c. (Last) CARPENTER

4. DATE OF DEATH (Month) (Day) (Year) May 5 1954

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Dec. 20 1873
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months 4, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) England
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Carpenter
13b. MOTHER'S MAIDEN NAME Janette Hakes
14. NAME OF HUSBAND OR WIFE Daisy Maude Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Mrs Mietje L. Bland, ADDRESS Irondale 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: unk death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Sclerosis — 10 yr
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 331X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 7, 1954, *to* 5-5, 1954 *that I last saw the deceased alive on* 3-10, 1954, *and that death occurred at* 11 am *m., from the causes and on the date stated above.*

23a. SIGNATURE Jas W. Huffman (Degree or title) M.D.
23b. ADDRESS Bismarck
23c. DATE SIGNED 5-7-54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 5-7-54
24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
24d. LOCATION (City, town, or county) Bismarck, Missouri. (State)

DATE REC'D BY LOCAL REG. 5/8/54
REGISTRAR'S SIGNATURE Tressie Eichenberger 338-0
25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, ADDRESS Ironton Mo. Bismarck Mo

(Licensed Embalmer's Statement on Reverse Side) Oriel F White

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

RECEIVED

MAY 11 1954

WASH. COUNTY HEALTH DEPT.

File No. _____

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 Percy L. White

Licensed Embalmer No. 2012

P. O. Address Boston Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.