

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14935**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **496**

1. PLACE OF DEATH
a. COUNTY **Buchanan**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Buchanan**

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **St. Joseph**

c. CITY OR TOWN **St. Joseph**

d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **Missouri Methodist Hospital**

e. STREET ADDRESS (If rural, give location) **2628 Folsom Street, 0/17 0**

3. NAME OF DECEASED
a. (First) **MARY** b. (Middle) **JANE** c. (Last) **CARPENTER**

4. DATE OF DEATH (Month) (Day) (Year)
May 10th, 1954

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Jan. 17th 1873**

9. AGE (In years last birthday) **81 Yrs**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 4 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife,

10b. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (City and State or Foreign Country) **Abilene, Kansas**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Thomas Downey**

13b. MOTHER'S MAIDEN NAME **Anna Jane How**

14. NAME OF HUSBAND OR WIFE **Charles Oscar Carpenter**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No none

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Miss. Lucille Carpenter, (Dau) St. Joseph

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) **Myocardial infarction**
ANTECEDENT CAUSES
DUE TO (b) **Hypertension**
DUE TO (c) **Nephritis**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 hrs
3 hrs
6 mo
593 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 **1950** to **May 10, 1954**, that I last saw the deceased **May 10, 1954**, and that death occurred at **1:25 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. H. Allison M.D.**

23b. ADDRESS **Phys & Surg, Berg City**

23c. DATE SIGNED **5/11/54**

24a. BURIAL, CREMATION, OR REMOVAL (Specify) **Burial**

24b. DATE **May 12, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Ashland Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Joseph, Missouri.**

DATE REC'D BY LOCAL REG. **May 13, 1954**

REGISTRAR'S SIGNATURE **Esther M. Allison 485**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Meierhoff & Herman Inc St. Joseph, Mo.**

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.....
Signature of Student Embalmer

Signed *Albert R. Jennings*.....

Licensed Embalmer No. 3258.....

P. O. Address St. Joseph, M.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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