

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH604
State File No. _____
REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 19

FILED JAN 24 1955

1. PLACE OF DEATH a. CITY <u>Cole</u> <u>6</u> b. COUNTY <u>Missouri</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u> <u>10yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u> <u>0268</u> d. STREET ADDRESS (If rural, give location) <u>1600 Jefferson Heights</u>	
3. NAME OF DECEASED (Type or Print) <u>Verner Frederick Carpenter</u> a. (First) <u>Verner</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Carpenter</u>		4. DATE OF DEATH <u>Jan. 19, 1955</u> (Month) (Day) (Year)	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 19, 1896</u>
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Bank of St. Louis Morgan Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Edward Carpenter</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Neitzert</u>	
14. NAME OF HUSBAND OR WIFE <u>Sylvia Carpenter</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>WW#1</u> (If yes, give war or dates of service) <u>WW#1</u>	
16. SOCIAL SECURITY NO. <u>496-18-5936</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Sylvia Carpenter</u> ADDRESS <u>Jefferson City</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u> <u>arteriosclerotic Cardiovascular disease</u> ANTECEDENT CAUSES <u>Due to (b)</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Unknown cause</u> 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 <u>4221</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) (Min.)		21e. INJURY OCCURRED WHILE AT <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>1-17, 1955</u> , to <u>1-19, 1955</u> , that I last saw the deceased alive on <u>1-17, 1955</u> , and that death occurred at <u>11a</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>John W. McFarland</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>1/21/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Smithton, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Uchir Buescher</u> ADDRESS <u>Jefferson City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 21-1955</u>		REGISTRAR'S SIGNATURE <u>R. Padonia MD NR</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 23 1956

AUG 24 1955

APR 9 1956

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

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address

Jefferson City

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.