

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

669

State File No.

FILED JAN 11 1955

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5325 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Courtoise		c. CITY OR TOWN St. Clair	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 mo		STREET ADDRESS (If rural, give location) 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION Huzzah P.O.			

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) May c. (Last) Carpenter			4. DATE OF DEATH (Month) (Day) (Year) Jan. 1, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 15, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Fairfield, Iowa		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Swayne	13b. MOTHER'S MAIDEN NAME Laura B. Bonser	14. NAME OF HUSBAND OR WIFE Thaddeus Carpenter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Harold Carpenter ADDRESS St. Clair, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility - Circulatory failure		INTERVAL BETWEEN ONSET AND DEATH 2 wks.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility -		2 yrs.
	DUE TO (c) CVA		1 yr.
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 794X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Sept. 1954 to Dec. 1954, that I last saw the deceased alive on Dec 30, 1954, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD	23b. ADDRESS Steelville Mo	23c. DATE SIGNED 1/11/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 3, 1955	24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	24d. LOCATION (City, town, or county) (State) St. Clair, Mo.
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DATE REC'D BY LOCAL REG. 1/10/55	REGISTRAR'S SIGNATURE Mrs. Hazel Lechman	25. FUNERAL DIRECTOR'S SIGNATURE Casey & Lenoir ADDRESS St. Clair, Mo
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(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.....
Signature of Student Embalmer

Signed *H. M. Lenox*.....

Licensed Embalmer No. *360*

P. O. Address *St. Clair*

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.