

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11403**

FILED APR 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Boonville</b> )		c. LENGTH OF STAY (in this place) <b>2 weeks</b>	c. CITY OR TOWN <b>Boonville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>721 6th</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>SUSAN</b> b. (Middle) <b>FRANCES</b> c. (Last) <b>CARPENTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 13, 1955</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>April 20, 1871</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Caleb Mosier</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Bradley</b>	14. NAME OF HUSBAND OR WIFE <b>George H. Carpenter</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs J. W. "Bill" Reed Boonville, Mo</b>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Cervix</b>		INTERVAL BETWEEN ONSET AND DEATH <b>16 mos</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 **7-22, 1954**, to **4-13, 1955**, that I last saw the deceased alive on **4-13, 1955**, and that death occurred at **4:09 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. Brown</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>329 main St. Boonville, Mo</b>	23c. DATE SIGNED <b>4-15-55</b>
24a. BURIAL/CREMATION REMOVAL (Specify) <b>burial</b>	24b. DATE <b>April 15/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Reaves &amp; Carpenter Cem. Pisgah, Missouri</b>
24d. LOCATION (City, town, or county) (State) <b>Cooper County</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>B.W. Shacker Boonville, Mo</b>	DATE REC'D BY LOCAL REG. <b>4/15/55</b> REGISTRAR'S SIGNATURE <b>D. Hooper 381-0</b>

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

APR 2 1947

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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 *Berry W. Shaker*

Licensed Embalmer No. 395

P. O. Address *Boonville*

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.