0.300
0.48

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

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27175

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 231

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 1809 South Park

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): MANFORD
c. (Last): CARPENTER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 3, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 1, 1893
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carman
10b. KIND OF BUSINESS OR INDUSTRY: R.R. Shops
11. BIRTHPLACE (City and State or Foreign Country): Edwards, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: William Carpenter
13b. MOTHER'S MAIDEN NAME: Mary Newman Carpenter
14. NAME OF HUSBAND OR WIFE: Maggie Balke Carpenter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 702-10-0835
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Maggie Carpenter, Sedalia, 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) Uremia. — INTERVAL BETWEEN ONSET AND DEATH: 72 hours.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardio- Vascular Disease. Decompensated. — 60 days
DUE TO (c) Hyperte nsion. — 3 years.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Prostatitis. — 3 years.

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION: Medical only. 443X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None.
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): None. 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* Over 20 yrs, *to* 9-3-55, *19*____, *that I last saw the deceased alive on* 9-3-55, *19*____, *and that death occurred at* 7 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jno.B.Carlisle,M.D. Jno. B Carlisle M.D.
23b. ADDRESS: Sedalia, Missouri - 9-5-55
23c. DATE SIGNED: 9-5-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/5/55
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): Sedalia, Mo.

DATE REC'D BY LOCAL REG.: 9/5/55
REGISTRAR'S SIGNATURE: Lavina Coots, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Duane Ewing, Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Duane Ewin

Licensed Embalmer No. 3

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.