

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41385

FILED JAN 14 1957

STATE FILE NUMBER

5517

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5517

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE, (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas city MO</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas city Rural</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DDA. Research Hosp. 3 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>426 W 88th St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Mr Walter Lafayette Carpenter</u> First Middle Last			4. DATE OF DEATH <u>12-19-1956</u> Month Day Year		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-28-1867</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Gravity Louis</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>unknown</u>			14. MOTHER'S MAIDEN NAME <u>unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Rosa Zimmerman</u> Address <u>426 W 88th St</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY EDEMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CHRONIC CONGESTIVE HEART FAILURE</u>	<u>2 WEEKS</u>
	DUE TO (c) <u>CORONARY ARTERY SCLEROSIS</u>	<u>2 YRS</u>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-4-54 to 12-18-56 and last saw ^{her}him alive on 12-18-56
Death occurred at 12-19-56 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Rose Zimmerman</u> (Name or title) <u>MA</u>	22b. ADDRESS <u>Kansas city mo.</u>	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-21-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stucker Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Laredo Missouri</u>
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24. FUNERAL DIRECTOR <u>France-Wornall Funeral Home</u> ADDRESS <u>KC mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-20-56</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>
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(Licensed Emb)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Glaude C. Farley

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1th, 2lfare, 3lic, 4rvice

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4576 (P) 1-6344

DEC 2 1959

FEB 18 1959

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.....

Licensed Embalmer No.....

P. O. Address.....

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