

FILED MAY 23 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

'57 017510
 State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5072 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Prarie Twp Rural</u>		c. CITY OR TOWN <u>Oak Grove</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jackson Co Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>City 7000</u>	
NAME OF DECEASED a. (First) <u>Franklin</u> b. (Middle) _____ c. (Last) <u>CARPENTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 26 1957</u>	
5. SEX <u>Ma</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 19 1872</u>
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Va</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Adolph Carpenter</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lingfelt</u>	14. NAME OF HUSBAND OR WIFE <u>Artie Carpenter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Artie Carpenter</u>	ADDRESS <u>Oak Grove Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile dementia</u> DUE TO (c) <u>Generalized Arterio Sclerosis</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	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) <u>4200</u>
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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?
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22. I hereby certify that I attended the deceased from 4-18, 1957, to 4-26, 1957, that I last saw the deceased alive on 4-26, 1957, and that death occurred at 11:50p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Japer M.D.</u>	(Degree or title)	23b. ADDRESS <u>Keis Summit, Mo</u>	23c. DATE SIGNED <u>4-26-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-28-1 957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Oak Grove Mo</u>
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DATE REC'D BY LOCAL REG <u>4-29-1957</u>	REGISTRAR'S SIGNATURE <u>N. E. Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Funeral Home</u>	ADDRESS <u>Oak Grove Mo</u>
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(License Embalmer's Statement on Reverse Side)

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

483-0

JUN 12 1957

MAY 22 1957

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 *R B Webb*

Licensed Embalmer No. *320*

P. O. Address *Blue Springs*

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.