

FILED FEB 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004762
STATE FILE NUMBER

Registration District No. 58 Primary Registration District No. 5214 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CARTER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOHNSON</u>		Inside Limits Yes ☐ No ☒		c. CITY OR TOWN <u>ELLSINORE</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RESIDENCE</u>		Length of stay in lb <u>4 months</u>		d. STREET ADDRESS (If outside, give location) <u>GEN. DELIVERY</u>		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Delbert</u> Last <u>Carpenter</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>17</u> Year <u>1958</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH <u>12-3-1896</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>MADISON CO. ARK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JAMES H. CARPENTER</u>				14. MOTHER'S MAIDEN NAME <u>NETTIE J. WILLIAMS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>444-07-1079</u>		17. INFORMANT <u>WM. CARPENTER</u> Address <u>ELLSINORE MO</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>Melanotic Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>of Stomach</u> DUE TO (b) <u>of Stomach</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>151X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 <u>DEAD ON ARRIVAL</u> and last saw her alive on _____ Death occurred at <u>11:05 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Calvin McSpadden Coroner</u>				22b. ADDRESS <u>VAN BUREN MO</u>		22c. DATE SIGNED <u>2-17-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2-21-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>HENSON CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>CARTER CO. MO</u>	
24. FUNERAL DIRECTOR <u>McSpadden F. Home</u>		ADDRESS <u>VAN BUREN</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 19-1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

FEB 1958

CASE
RECEIVED

MAR 26 1958

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.....
Allen C. McGee

Licensed Embalmer No. 45

P. O. Address Van Buren

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