

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008528

STATE FILE NUMBER

Registration District No. 347Primary Registration District No. 6158Registrar's No. 22

| | | | | | |
|--|---|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Stone | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Eye, | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Blue Eye | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mi. NW. Blue Eye. years | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 1 Mi. NW. Blue Eye | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JULIA Middle ANN Last CARPENTER | | | 4. DATE OF DEATH Month Feb. Day 18, Year 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 5 Aug. 1886 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Pennsylvania | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Winchester Snyder | | 13b. MOTHER'S MAIDEN NAME Don't Know | | 14. NAME OF HUSBAND OR WIFE Charlie Carpenter | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. yes | 17. INFORMANT Address Mrs. Mabel Davis-Green Forest, Ark. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 DAYS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | 331XH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA of breast Metastasis to lung & probably other | | | | | 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.) ORGANS | | | | |
| 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 2-16-58 to 2-17-58 and last saw her alive on 2-17-58 Death occurred at 2020 AM on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) James S. Rudy M.D. | | | 22b. ADDRESS Green Forest, Ark | | 22c. DATE SIGNED 2-22-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2-20-58 | 23c. NAME OF CEMETERY OR CREMATORY Blue Eye Cemetery | 23d. LOCATION (City, town, or county) (State) Blue Eye, Missouri | | |
| 24. FUNERAL DIRECTOR ADDRESS Nelson Funeral Home-Berryville, Ark. | | 25. DATE RECD. BY LOCAL REG. 2/26/58 | 26. REGISTRAR'S SIGNATURE Mag. James Brown | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Charles M. Wilson*

Licensed Embalmer No. *5002*
P. O. Address *Berryville, A*

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.