

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020231

STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 4

S. 300
v. 1-57
10

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PIEDMONT		c. CITY OR TOWN PIEDMONT	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 1110 0	
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE EDGAR CARPENTER			4. DATE OF DEATH Month Day Year May 10 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 22, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY GARD	9. AGE (In years last birthday) 70
11. BIRTHPLACE (City and state or country) REDFORD, MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME ALONZO C. CARPENTER		13b. MOTHER'S MAIDEN NAME MARTHA WHEAT	14. NAME OF HUSBAND OR WIFE LILLIE B. CARPENTER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address RAYMOND CARPENTER PIEDMONT MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Long range diabetes</i> DUE TO (b) <i>the diabetes</i> DUE TO (c) <i>hypertension</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>			INTERVAL BETWEEN ONSET AND DEATH <i>11 yrs</i> <i>10 yrs</i> <i>16 yrs</i> 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 <i>Piedmont Wayne MO</i>	
21. I attended the deceased from <i>1949</i> to <i>10-4-59</i> and last saw him alive on <i>10-4-59</i> Death occurred at <i>10-4-59</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. E. Toney, Jr.</i> (Degree or title)		22b. ADDRESS <i>Piedmont, Mo.</i>	22c. DATE SIGNED <i>5-25-59</i>
23a. BURIAL, CREMATION, EMOVAL (Specify)	23b. DATE MAY. 12, 1959	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEM	23d. LOCATION (City, town, or county) (State) PIEDMONT MO.
24. FUNERAL DIRECTOR ADDRESS GISH FUNERAL HOME PIEDMONT, MO.		25. DATE RECD. BY LOCAL REG. May 25, 1959	26. REGISTRAR'S SIGNATURE <i>Sheila Lovelace</i>

MEDICAL CERTIFICATION
L.E. Toney, Jr. MD USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed M. Owen E. Bowles

Licensed Embalmer No. 4426
P. O. Address Redmont, Va

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.