

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

=60-027327

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 158 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 18 years	c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 737 East Chestnut	
3. NAME OF DECEASED (Type or print) First Lillie Middle Maude Last Carpenter			4. DATE OF DEATH Month July Day 21 Year 1960		
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 3-13-1882	9. AGE (last birthday) 78	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 Housewife	11. BIRTHPLACE (City and state or country) Glaze Co., Ohio		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Sylvester Heston		13b. MOTHER'S MAIDEN NAME Lillie A. Minshall		14. NAME OF HUSBAND OR WIFE Grant Carpenter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Violet Johnson, Carthage, 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) Acute Myocardial Failure					INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause first. DUE TO (b) Myocardial Degeneration; Arteriosclerotic					
DUE TO (c) heart disease; Diabetes Mellitus; Cystitis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 checked="" 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 July 9, 1960 to July 20, 1960 and last saw ^{her} alive on July 20, 1960 Death occurred at 12:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W Russell Smith</i> (Degree or title) MD.			22b. ADDRESS Carthage, Missouri		22c. DATE SIGNED 7/23/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-23-60	23c. NAME OF CEMETERY OR CREMATORY Thomas Cemetery	23d. LOCATION (City, town, or county) (State) Near Rescue, Missouri		
24. FUNERAL DIRECTOR The Ulmer Funeral Home, Carthage,		ADDRESS Mo.	25. DATE RECD. BY LOCAL REG. 7-24-60	26. REGISTRAR'S SIGNATURE <i>E M Clinton</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Melvin C. Lavett, Student Embalmer No. 605

working under my personal supervision.

Student Melvin C. Lavett
Signature of Student Embalmer

Signed Edwin E. Shurt

Licensed Embalmer No. 495

P. O. Address Bartholomew

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