

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 31 1961

-61-000771

STATE FILE NUMBER

ITEM NO. AMENDED

Registration District No. 99 Primary Registration District No. 416-2 Registrar's No. 6

DATE AMENDED

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>DeKalb</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maysville</b>		Length of stay in 1b <b>4 Mos.</b>		c. CITY OR TOWN <b>Amity</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sunset Nursing Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>FRANK</b> Last <b>CARPENTER</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>18</b> Year <b>1961</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/7-1879</b>	
9. AGE (last birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>18</b> Hours <b>18</b> Min.		IF UNDER 24 HR Months <b>1</b> Days <b>18</b> Hours <b>18</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Rural Mail Carrier</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Creston Iowa</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>							
13a. FATHER'S NAME <b>William Carpenter</b>				13b. MOTHER'S MAIDEN NAME <b>Kate Marshall</b>		14. NAME OF HUSBAND OR WIFE <b>Ada Carpenter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>487-44-8576</b>		17. INFORMANT <b>Mrs. Ada Carpenter</b> Address <b>Amity Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>uremia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>pyelonephritis</b> DUE TO (c) <b>Hypertrophy of prostate</b> 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 <b>2</b> a.m. <b>18</b> p.m.		Month, Day, Year <b>Jan 18 1961</b>					
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 <b>Amity Mo.</b>		COUNTY <b>DeKalb</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>Jan 17 1961</b> to <b>Jan 18 1961</b> and last saw him alive on <b>Jan 18 1961</b> . Death occurred at <b>2 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>J. H. Sweiger</b> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>Maysville Mo</b>		22c. DATE SIGNED <b>1/21-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 21 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Amity</b>		23d. LOCATION (City, town, or county) (State) <b>Amity Mo.</b>	
24. FUNERAL DIRECTOR <b>Pilcher Funeral Home Maysville Mo,</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>Jan 18 1960</b>		26. REGISTRAR'S SIGNATURE <b>Ben. R. L. L. L.</b>	

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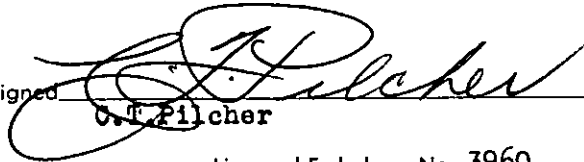
JUL 17 1962

**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

  
O. T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville Mo.

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.