

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006146

STATE FILE NUMBER

AMENDED FILED VS FEB 21 1961 Registration District No. 190 Primary Registration District No. Registrar's No. 11

DATE AMENDED: 5/2/61
 INSTEAD OF: Undetermined pending lab studies
 DOCUMENT: Carbon Monoxide Poisoning
 SHOULD READ: Carbon Monoxide Poisoning
 BY AFFIDAVIT OF: Attending Physician

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ohio b. COUNTY Huron		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cullen Township		Length of stay in 1b	c. CITY OR TOWN Collins		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE St Roberts, Mo			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Box 37	
3. NAME OF DECEASED (Type or print) First LARRY Middle GENE Last CARPENTER			4. DATE OF DEATH Month February Day 3 Year 1961		
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 1 Aug 1941	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and state or country) Norwalk, Ohio		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Leland Willie Carpenter		13b. MOTHER'S MAIDEN NAME Georgia Mae Lobenthal		14. NAME OF HUSBAND OR WIFE Mary L. Carpenter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 12 Aug 59 to date			17. INFORMANT Mary L. Carpenter 425 McPhail St., Lebanon, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Undetermined pending laboratory studies (Probable Carbon Monoxide Poisoning) Carbon Monoxide Poisoning					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			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		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Inhalation of Automobile exhaust fumes			
20c. TIME OF INJURY 1150 AM	Hour Month, Day, Year 2 13 1961				
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.) Inside Automobile	20f. CITY, TOWN, OR LOCATION St. Roberts	COUNTY Pulaski	STATE Missouri	
21. Reported the deceased was seen on 3 February 1961 , to and and last saw him alive on never never Death occurred at 1150 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE George F. Scofield M.D.			22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		22c. DATE SIGNED 2/4/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/6/1961	23c. NAME OF CEMETERY OR CREMATORY Unknown	23d. LOCATION (City, town, or county) (State) Norwalk Ohio		
24. FUNERAL DIRECTOR C. J. Moser		ADDRESS Waynesville, Mo	25. DATE RECD. BY LOCAL REG. 2-4-1961	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

FEB 23 1961

MAR 6 1961

APR 4 1961

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 Clarence Pross

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.