

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1961 88

-61-028763

Registration District No. _____ Primary Registration District No. 5325 Registrar's No. 23

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COURTOISE TWP.		Length of stay in lb 17 YRS.	c. CITY OR TOWN COURTOISE TWP.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 MI. E- STEELVILLE, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4 MI. E- STEELVILLE, Mo.
3. NAME OF DECEASED (Type or print) First Middle Last ARLEIGH DARRELL CARPENTER		4. DATE OF DEATH Month Day Year SEPT. 2-1961	
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 11-6-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BILL POSTER		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (last birthday) 69
11. BIRTHPLACE (City and state or country) OTTUMWA-IOWA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WALTER CARPENTER		13b. MOTHER'S MAIDEN NAME LAURA HUFFMAN	14. NAME OF HUSBAND OR WIFE AGNES CARPENTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT AGNES CARPENTER-STEELVILLE, 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) arteriosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 15 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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"/> N. <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 a.m. p.m. Month, Day, Year			
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 Sept 1960 to Sept 1961 and last saw ^{her} him alive on Aug 30, 1961 Death occurred at 3:50 A.M. on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE Frank A. Elders, M.D. (Degree or title)		22b. ADDRESS Cuba, Mo.	22c. DATE SIGNED 9-4-1961
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-4-1961	23c. NAME OF CEMETERY OR CREMATORY STEELVILLE CEMETERY	23d. LOCATION (City, town, or county) (State) STEELVILLE, Mo.
24. FUNERAL DIRECTOR THOMAS S. HALBERT-STEELVILLE, Mo.		25. DATE RECD. BY LOCAL REG. 9/7/61	26. REGISTRAR'S SIGNATURE Mrs. Hazel Lechman

SEP 14 1961

SEP 26 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 Thomas S. Halbert

Licensed Embalmer No. 4337
P. O. Address Steville, 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.