

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042252

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11239

STATE FILE NUMBER

**FILED DEC 12 1961**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		Length of stay in 1b <b>Over 8 yrs.</b>	c. CITY OR TOWN <b>St. Louis</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>St. Louis State Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5768 Kingsbury</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>KATHERINE</b> Middle Last <b>CARPENTER</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>4th,</b> Year <b>1961</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-12-92</b>	9. AGE (last birthday) <b>69 yrs.</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>formerly: Practical Nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Andrew Carpenter</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Adams</b>		14. NAME OF HUSBAND OR WIFE <b>--</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>--</b>		17. INFORMANT Address <b>St. Louis Hospital Records 5400 Arsenal St.</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) **Arteriosclerotic heart disease**  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) **420.0**

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
20a. ACCIDENT  SUICIDE  HOMICIDE   
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  NOT WHILE AT WORK   
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 **10-29-53** to **12-4-61** and last saw her <sup>him</sup> alive on **12-4-61**  
Death occurred at **2:45 A.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Anthony Ferro M.D.** (Degree or title)  
22b. ADDRESS **5400 Arsenal St.**  
22c. DATE SIGNED **12-4-61**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**  
23b. DATE **Dec 6-1961**  
23c. NAME OF CEMETERY OR CREMATORY **Oakland Cemetery**  
23d. LOCATION (City, town, or county) (State)  
**Moberly Mo.**

24. FUNERAL DIRECTOR ADDRESS **Caterfuneral Home Moberly, Mo**  
25. DATE RECD. BY LOCAL REG. **DEC 4 1961**  
26. REGISTRAR'S SIGNATURE **Edna Smith, M.D.**

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 13 1961

MAY 31 1966

JAN 24 1963

JAN 24 1963

**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

*Jerry R. Carter*

Licensed Embalmer No.

4906

P. O. Address

*Moberly*

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.