

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-001343

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

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JB  
AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 1

FILED JAN 8 1962

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

INSTEAD OF

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in lb	c. CITY OR TOWN Calhoun
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) in Calhoun
3. NAME OF DECEASED (Type or print) Henry Edward Carpenter		4. DATE OF DEATH Jan 1 1962	Month Day Year
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 Apr 14. 1871 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Henry County, Mo	
13a. FATHER'S NAME Robert M. Carpenter		12. CITIZEN OF WHAT COUNTRY USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		13b. MOTHER'S MAIDEN NAME Derinda McMillen	
16. SOCIAL SECURITY NO.		14. NAME OF HUSBAND OR WIFE Ivy Carpenter Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH 3 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Intestinal obstruction</i> DUE TO (c) <i>constriction of bowel</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			
PART III. If deceased was female was there a pregnancy in last 90 days. □ Yes □ No □ 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 <u>Dec 1. 1955</u> to <u>Dec 1. 62</u> and last saw him alive on <u>Dec 1. 62</u> Death occurred at <u>10 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H. Walker, M.D.</i>	(Degree or title)	22b. ADDRESS <i>Clinton Mo</i>	22c. DATE SIGNED 1-2-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/4/1962	23c. NAME OF CEMETERY OR CREMATORIAL Dunnegan Grove cem	23d. LOCATION (City, town, or county) Sheldon Mo (State)
24. FUNERAL DIRECTOR Sickman & Dunning F H Clinton, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. JAN 3-1962	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i> By M.D.

**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 \_\_\_\_\_



Licensed Embalmer No. 4910

P. O. Address Clinton <sup>me</sup>

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.