

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012146

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 126

FILED APR 2 1962

VS 300
Rev. 4/59

1 0808

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in lb 30 Yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Pettis
 c. CITY OR TOWN Sedalia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1721 South Lamine Avenue Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
JANE CARPENTER March 24, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 3-11-1862 9. AGE (last birthday) 100 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Homemaker 11. BIRTHPLACE (City and state or country) Pike County, Illinois 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Harvey Hand 13b. MOTHER'S MAIDEN NAME Narcisus Berry 14. NAME OF HUSBAND OR WIFE James C. Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Mr. Paul R. Carpenter - Sedalia, Missouri Address 1721 South Lamine

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pneumonia Bilateral INTERVAL BETWEEN ONSET AND DEATH 1 week
 DUE TO (b) Seriaty
 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.
 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. 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 24 Mar 62 to 24 Mar 62 and last saw her alive on 24 Mar 62. Death occurred at 8:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carl D. Heigel M.D. 22b. ADDRESS 1216 West 18th St. Sedalia, Mo. 22c. DATE SIGNED 25 Mar 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-27-1962 23c. NAME OF CEMETERY OR CREMATORY Ionia Cemetery 23d. LOCATION (City, town, or county) (State) Ionia, Missouri

24. FUNERAL DIRECTOR Gillespie Funeral Home ADDRESS D.W. Heckart - Sedalia, Missouri 25. DATE RECD. BY LOCAL REG. 3-25-1962 26. REGISTRAR'S SIGNATURE Frances Shelby

USE BLACK INK OR TYPEWRITER RIBBON

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 John R Farmer Jr

Licensed Embalmer No. 5173

P. O. Address Adalia 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.