

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018492

STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. _____ Registrar's No. 62-28

FILED JUN 4 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10290
20290

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dade</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lockwood</u> | | Length of stay in 1b <u>8 1/2 hrs.</u> | c. CITY OR TOWN <u>Lockwood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Memorial Hosp.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Scott</u> Middle <u>Lynn</u> Last <u>Carpenter</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>26</u> Year <u>1962</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-25-62</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and state or country) <u>Lockwood, Mo.</u> |
| 13a. FATHER'S NAME <u>Daryl Lee Carpenter</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Lea Grider</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Daryl L. Carpenter; Mt. Vernon, Mo.</u> 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) <u>Respiratory failure.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Prematurity (24 weeks)</u> DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs 30 min</u> |
| 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 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____ | 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.) | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ |
| 21. I attended the deceased from <u>May 25, 1962</u> to <u>May 26, 1962</u> and last saw him alive on <u>May 26, 1962</u> Death occurred at <u>7:30</u> a. m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Raymond A. Carlson M.D.</u> | | 22b. ADDRESS <u>403 Main St Golden City, Mo.</u> | 22c. DATE SIGNED <u>5/29/62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>May 26, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Vaughn Cem.</u> | 23d. LOCATION (City, town or county) (State) <u>Dade County, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>J.C. Canada; Greenfield, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>5/29/1962</u> | 26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u> |

USE BLACK INK OR TYPEWRITER RIBBON
Raymond A. Carlson; D.O.

101 078 115

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ ^{NOT EMBALMED} by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. C. Canada
Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.