

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0001340

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 46

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 14 1967

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Green Ridge	
Length of stay in 1b 2 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Walter CARPENTER		4. DATE OF DEATH Jan. 29, 1967	
5. SEX Male	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-12-1885
9. AGE (last birthday) 81		IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Benton County Mo.		12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME Robert M. Carpenter		13b. MOTHER'S MAIDEN NAME Tillitha A. C. Parks	
14. NAME OF HUSBAND OR WIFE Katie M. Carpenter		Address	
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. 492-11-0110	
17. INFORMANT Mrs. Bennie Clevenger		Address Green Ridge, 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) Acute Cardio-Respiratory Collapse (b) Acute Myocardial Infarction (c) Hypertension and Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause (b) 5 yrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Cellulitis R x Great toe.		INTERVAL BETWEEN ONSET AND DEATH Nil. Nil. 5 yrs.	
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					
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 8-23-63 to 1-29-67 and last saw him alive on 1-29-67 Death occurred at 11:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Claude M. Shurber M.D.		22b. ADDRESS Windsor, Mo.		22c. DATE SIGNED 1-31-67	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb 1, 1967		23c. NAME OF CEMETERY OR CREMATORY Hickory Point	
23d. LOCATION (City, town, or county) N.W. of Green Ridge, Mo.					
24. FUNERAL DIRECTOR Glen E. Heck Funeral Home		ADDRESS Green Ridge, Mo.		25. DATE RECD. BY LOCAL REG. 2-8-67	
26. REGISTRAR'S SIGNATURE Mildred Bragum					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0421
2 0800
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13 1-0

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

Edwin E. Heck

Licensed Embalmer No. 4063

P. O. Address

Green Ridge, 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.