

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16301**

FILED JUN 12 1951

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **76**

422

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Mo 0422	
d. FULL NAME OF HOSPITAL OR INSTITUTION 235 N Washington		d. STREET ADDRESS (If rural, give location) 235 N Washington	
3. NAME OF DECEASED a. (First) MARGARET JANE b. (Middle) CARPENTER c. (Last) CARPENTER			4. DATE OF DEATH (Month) June (Day) 3 (Year) 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WID	8. DATE OF BIRTH 6/7/1873
9. AGE (If years last birthday) 78		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY In own home	11. BIRTHPLACE (State or foreign country) Louis Co Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ALEXANDER WATT	
13b. MOTHER'S MAIDEN NAME ELIZABETH HORN		14. NAME OF HUSBAND OR WIFE John	
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. _____	17. INFORMANT'S SIGNATURE OR NAME Orville Carpenter ADDRESS Clinton Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, athermia, etc.* It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy INTERVAL BETWEEN ONSET AND DEATH 6 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS hypertension Conditions contributing to the death but not related to the disease or condition causing death. 2 yr	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 334X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from 6-2 19 51 , to 6-3 19 50 , that I last saw the deceased alive on 6-2 19 51 , and that death occurred at 2:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE H. Walker (Degree or title) M.D.		23b. ADDRESS Clinton Mo	23c. DATE SIGNED 6-4-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/5/51	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton Mo
DATE REC'D BY LOCAL REG. June 5-51	REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE J. E. Conner ADDRESS Clinton Mo	

RECEIVED

6-11-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-11-51

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
Student Embalmer

Signed *J. E. Consolue*

Licensed Embalmer No. *1891*

P. O. Address *Clinton 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 this body is not embalmed, fact should be so stated above.