

STANDARD CERTIFICATE OF DEATH

State File No. **11875**

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

BIRTH NO. FILED MAY 3 1954 REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5517 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural (Rebo)</i>		c. CITY OR TOWN <i>Calhoun Mo</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>(his own home)</i>		e. STREET ADDRESS (If rural, give location) <i>Calhoun R 2 0420</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Roy</i>	b. (Middle) <i>-</i>	c. (Last) <i>Carpenter</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>4 24 1954</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 28, 1891</i>	9. AGE (In years last birthday) <i>62</i>	IF UNDER 1 YEAR Months <i>10</i>	IF UNDER 1 YEAR Days <i>27</i>	IF UNDER 1 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City, town, and State or Foreign Country) <i>Calhoun Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>B. H. Carpenter</i>	13b. MOTHER'S MAIDEN NAME <i>Labina Broomfield</i>	14. NAME OF HUSBAND OR WIFE <i>Carrie Carpenter</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>496-16-1888</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Morris A. Carpenter</i>	ADDRESS <i>Clinton Mo R 2</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>-</i> DUE TO (c) <i>-</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from *Feb 1, 1954*, to *April 2, 1954*, that I last saw the deceased alive on *April 2, 1954*, and that death occurred at *11:00 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Morris A. Carpenter M.D.</i>	23b. ADDRESS <i>Clinton Mo</i>	23c. DATE SIGNED <i>4/26-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>April 29, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak</i>	24d. LOCATION (City, town, or county) (State) <i>Windsor Mo</i>
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DATE REC'D BY LOCAL REG. <i>April 29-54</i>	REGISTRAR'S SIGNATURE <i>Florence A. Day</i>	422-1-1	25. FUNERAL DIRECTOR'S SIGNATURE <i>R. A. Housey</i>	ADDRESS <i>Calhoun Mo</i>
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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 *J. A. Housey*

Licensed Embalmer No. *350*

P. O. Address *Calhoun*

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.