MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

≡62-026089 STATE FILE NUMBER

Registration District No. 042   Primary Registration District No. 1000   Registrar's No. 883

FILED AUG 6 1962

DO NOT WRITE ON THIS STUB	AMENDED		
VS 300 Rev. 4/59			
1 5117	DATE AMENDED		
2 5117			
3			
4 0			
5 1			
6			
7 0			
8 2	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		
9 4500			
10	INSTEAD OF		
11			
12 90-0			
13 1-0			

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN St. Joseph   Length of stay in 1b 32 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1731   Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri   b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph   Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 1828 Ashland   Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First Robert   Middle Louis   Last Carpenter

4. DATE OF DEATH Month July   Day 26   Year 1962

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/24/81
9. AGE (last birthday) 81 yrs   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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self-employed
11. BIRTHPLACE (City and state or country) Helena, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Daniel E. Carpenter
13b. MOTHER'S MAIDEN NAME Mary Catherine Utz
14. NAME OF HUSBAND OR WIFE Bessie Fay 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 Bessie Fay Carpenter   Address St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute myocardial failure	3 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b)
Residuals of encephalitis

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. p.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 Dead on arrival and last saw her/him alive on
Death occurred at 6:45 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G.T. Carpenter M.D. (Degree or title)
22b. ADDRESS 902 Edmond
22c. DATE SIGNED 7/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 28
23c. NAME OF CEMETERY OR CREMATORY Union Star
23d. LOCATION (City, town, or county) Union Star, Missouri

24. FUNERAL DIRECTOR Roland D Clark   ADDRESS King City, Mo.
25. DATE RECD. BY LOCAL REG. Aug 3, 1962
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed____*Roland D Clark*____
<div align="center">Signature of Student Embalmer</div>

Licensed Embalmer No. *4477*

P. O. Address *King City 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.