

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 204

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>169</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission?) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u>)		c. LENGTH OF STAY (in this place) <u>5 years.</u> (township)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u>)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2723 Delaware St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lester</u>			b. (Middle) <u>-----</u>		c. (Last) <u>Carpenter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Febr. 5, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 3, 1884</u>	9. AGE (In years less birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wyeth Hardware Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Benton County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Carpenter</u>		13b. MOTHER'S MAIDEN NAME <u>Tillie Parks</u>		14. NAME OF HUSBAND OR WIFE <u>Bettie Carpenter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-12-1264</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bettie Carpenter</u> ADDRESS <u>2723 Delaware St. St. Joseph, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u> ANTECEDENT CAUSES <u>3 Coronary occlusion</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/20!</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>2 day</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Jan 1, 1946</u> , to <u>Feb 5, 1949</u> , that I last saw the deceased alive on <u>Feb 4, 1949</u> , and that death occurred at <u>7:30A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. Jastke</u>				23b. ADDRESS <u>11 Kirkpatrick</u>		23c. DATE SIGNED <u>7/9/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Raborn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LaMonte, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 9, 1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Jenkins</u> 382		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Neishopper</u>		ADDRESS <u>1946 Colhoun St. St. Joseph, Mo</u>	

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

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 _____

Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.