

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21988**

FILED AUG 6 1951

BIRTH NO. _____		REG. DIST. NO. <u>14</u>	PRIMARY REG. DIST. NO. <u>4028</u>	Registrar's No. <u>14</u>
1. PLACE OF DEATH a. COUNTY <u>Carton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carton</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Liberal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberal</u> <u>0060</u>		
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>General Delivery</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED. (Type or Print) a. (First) <u>SUSAN</u>		b. (Middle) <u>MARY</u>		c. (Last) <u>CARPENTER</u>
4. DATE OF DEATH (Month) <u>July</u> (Day) <u>15</u> (Year) <u>1951</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 20, 1915</u>	9. AGE (in years last birthday) <u>55</u> If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bronaugh, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Lafayette Mill</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Roy Carpenter Liberal, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Carpenter</u> ADDRESS <u>Liberal, 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension, Cerebral</u>		
		DUE TO (c) <u>Obesity and atherosclerosis</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Hypertrophy</u>		<u>10 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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) _____
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>July 13, 1951</u> , to <u>July 14, 1951</u> , that I last saw the deceased alive on <u>July 14, 1951</u> , and that death occurred at <u>2:45 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>M. H. Killand, D.O.</u>		23b. ADDRESS <u>Liberal, Mo.</u>		23c. DATE SIGNED <u>7-17-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 17, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mc Mill</u>
		24d. LOCATION (City, town, or county) (State) <u>Armadia, Kan, Road Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 28 1951</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. J. Moorehan</u> ADDRESS <u>Armadia, Kan</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 30

Dist. File 85-1-1426

Date Filed 8-1-31

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 _____

my self
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed H. J. Moonahan

Licensed Embalmer No. 3616

P. O. Address Creedon, Kansas

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.