

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5445

State File No. ....

0495  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 20 1952

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>156</u>  |  | PRIMARY REG. DIST. NO. <u>2001</u>   |  | Registrar's No. <u>80</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |  |  |  |
| b. CITY OR TOWN <u>Joplin</u>   |  | c. LENGTH OF STAY (In this place) <u>50 yrs.</u>   |  | c. CITY OR TOWN <u>Joplin</u>  |  | <u>0495</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman</u>  |  |  |  | d. STREET ADDRESS (If rural, give location) <u>1014 West 3rd</u>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)   |  | a. (First) <u>Jospeh</u>   |  | b. (Middle) <u>Benjamin</u>  |  | c. (Last) <u>Carpenter</u>   |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>white</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |  | 8. DATE OF BIRTH <u>Nov. 8, 1890</u>   |  |
| 9. AGE (In years last birthday) <u>61</u>   |  | IF UNDER 1 YEAR Months _____ Days _____  |  | IF UNDER 4 HRS. Hours _____ Min. _____   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1952</u>                       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck driver</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>trucking</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>unknown</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Carpenter</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>unknown</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>unknown</u>  |  | 16. SOCIAL SECURITY NO. <u>/</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Carpenter, 1422 Missouri</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                       |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial Infarction</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (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 <u>2-11-1952</u> , to <u>2-11-1952</u> , that I last saw the deceased alive on <u>2-11-1952</u> , and that death occurred at <u>7:45P.m.</u> , from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>John W. Korabel MD</u>  |  |  |  | 23b. ADDRESS <u>725 Frisco Bldg. Joplin Mo</u>   |  | 23c. DATE SIGNED <u>2-14-52</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>2-16-52</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>            |  |
| DATE REC'D BY LOCAL REG. <u>2-16-52</u>   |  | REGISTRAR'S SIGNATURE <u>Ed S. James 138</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Steve Parker Mortuary, Joplin, Mo.</u>   |  |  |  |

RECEIVED  
Jasper County Health Office  
County File Number  
Date Filed

RECEIVED 2-18-52  
Jasper County Health Office  
County File Number 52/2/143  
Date Filed 2-18-52

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

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2519*

P. O. Address *Joplin 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.