No. 300
10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 20296

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 19

461
4

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

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains
c. LENGTH OF STAY (In this place) 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Gables Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains, 0461
d. STREET ADDRESS (If rural, give location) E. Suburbs. S.63 Hiwy.

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) ALONZO
c. (Last) CARPENTER

4. DATE OF DEATH (Month) June (Day) 2, (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct. 4, 1863
9. AGE (In years last birthday) 88 | 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) farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Carpenter
13b. MOTHER'S MAIDEN NAME Mary Etta McClintock
14. NAME OF HUSBAND OR WIFE Lydia J. Ford Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Carter Johnson, ADDRESS W. Plains, Mo.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Glomerulo-nephritis & edema — 2 weeks

DUE TO (c) Old Osteo Myelitis right leg — 2 many years

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 7301
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 19, 1949, *to* June 2, 1952, *that I last saw the deceased alive on* June 1, 1952, *and that death occurred at* 11:a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Virgil D. Bailey (Degree or title) D.O.
23b. ADDRESS West Plains, Mo
23c. DATE SIGNED 6/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Jun 4, 1952
24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
24d. LOCATION (City, town, or county) (State) West Plains, Mo.

DATE REC'D BY LOCAL REG. 6-28-52
REGISTRAR'S SIGNATURE Beatrice Cook
25. FUNERAL DIRECTOR'S SIGNATURE Hal Thomas
ADDRESS West Plains, Mo.

(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 .....
Student Embalmer

Signed Hal Thomson

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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.