

STANDARD CERTIFICATE OF DEATH

State File No. **8343**

FILED MAR 17 1954

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Grundy</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> c. LENGTH OF STAY (In this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1807 East 8th. (Home)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> 0460 d. STREET ADDRESS (If rural, give location) <u>1807 East 8th.</u>	
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3. NAME OF DECEASED (Type or Print) <u>Rufus Oscar</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>Carpenter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 6 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Nov. 29, 1866</u>
9. AGE (In years last birthday) <u>87</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>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Grundy County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Barnton W. Carpenter</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>Effie Carpenter (Deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS MABEL GATES TRENTON, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular - Renal disease</u> ANTECEDENT CAUSES Morbid 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.	INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/2X</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) m.	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 _____, 1953, to _____, 1954, that I last saw the deceased alive on _____, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Oliver F. Duffy M.D.</u> (Degree or title)	23b. ADDRESS <u>Trenton Mo. March 8</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 8 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Evans</u>
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DATE REC'D BY LOCAL REG. <u>3-8-54</u>	REGISTRAR'S SIGNATURE <u>Irene Jan</u>	25. COUNTY HEALTH DIRECTOR'S SIGNATURE <u>115-0</u>	ADDRESS <u>Gipson Funeral Home Trenton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Geo. H. Whitaker*

Licensed Embalmer No. *4780*

P. O. Address *Fronton, 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.