

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27961**

FILED SEP 11 1956

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4444 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Candlen</u>	c. LENGTH OF STAY (in this place) <u>76 years</u>	c. CITY OR TOWN <u>Candlen</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Street not listed</u>		e. STREET ADDRESS (If rural, give location) <u>Street not listed</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>J.</u> c. (Last) <u>CARPENTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 28, 1956</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>August 31, 1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR OF AGE: Months <u>11</u> Days <u>22</u>	IF UNDER 1 HR.: Hours <u>11</u> Min. <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Watered Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Candlen Missouri</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Benjamin D Carpenter</u>	13b. MOTHER'S MAIDEN NAME <u>Eveline Harrison</u>	14. NAME OF HUSBAND OR WIFE <u>Bernice (Hall) Carpenter</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles E Carpenter</u> ADDRESS <u>Denver Carpenter</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion Inst</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>		
	DUE TO (c) <u>arterio-sclerosis</u>		
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	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) <u>4201</u>
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 8-1-, 1956 to 8-28-, 1956 that I last saw the deceased alive on 8-28-, 1956, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Fay MD</u> (Date or title)	23b. ADDRESS <u>Richmond</u>	23c. DATE SIGNED <u>8-21-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 30, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Candlen, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>9-6-56</u>	REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>QUEST-LIFE FUNERAL HOME RICHMOND MISSOURI per the above</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 21 1958

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.....
Signature of Student Embalmer

Signed *James H. Hill*

Licensed Embalmer No. 4066

P. O. Address *Richmond*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.