

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20070
STATE FILE NUMBER

FILED JUN 17 1957

Registration District No. 37 Primary Registration District No. 4044 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sturgeon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sturgeon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sturgeon, Mo.</u>		Length of stay in lb <u>91 years</u>	d. STREET ADDRESS (If outside, give location) <u>-----</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SUSAN</u> Middle <u>K.</u> Last <u>Carpenter</u>			4. DATE OF DEATH Month <u>6</u> Day <u>12</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 26, 1865</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u> Hours <u>---</u> Min. <u>---</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Boone Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Robert Neal</u>			14. MOTHER'S MAIDEN NAME <u>Sally Ann Jennings</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Roy Carpenter, Sturgeon, Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congenital Circulatory Failure</u> <u>Deposition of cholesterol</u> <u>Hypertensive heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>-----</u> DUE TO (c) <u>Atherosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>year</u> <u>year</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>443x</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year a. m. <u>---</u> p. m. <u>---</u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>June 5, 1957, to June 12, 1957</u> and last saw <u>her</u> alive on <u>June 12, 1957</u> Death occurred at <u>8:40 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Henry J. Stewart DO</u>			22b. ADDRESS <u>Sturgeon, Mo</u>		22c. DATE SIGNED <u>6-14-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-14-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Horeb Cemetery</u>	23d. LOCATION (City, town, or county) <u>Sturgeon, Boone Co., Mo.</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>Bill J. Meador Sturgeon, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>June 14, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Maud M. = Bride</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Use only standard nomenclature in item 18. No symptoms which are listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

(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.....
Signature of Student Embalmer

Signed *Bill J. Meadows*.....

Licensed Embalmer No. *481*

P. O. Address *Sturgeon, Tenn.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.