

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20555**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **5377** Registrar's No. **38**

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

1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fairport</b>		c. LENGTH OF STAY (in this place) <b>40 yrs.</b>	c. CITY OR TOWN <b>Fairport</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home in town</b>		e. STREET ADDRESS (If rural, give location) <b>0320 in town</b>	

3. NAME OF DECEASED (Type or Print) <b>Lillian</b> (First)		b. (Middle) <b>M.</b>		c. (Last) <b>Carpenter</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 - 11 - 57</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER</b>		8. DATE OF BIRTH <b>June 11, 1872</b>		9. AGE (In years last birthday) <b>85</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>N.H.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Callos Carpenter</b>		13b. MOTHER'S MAIDEN NAME <b>Mary beachem</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Georgia Carpenter</b> ADDRESS <b>Fairport Mo.</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic heart disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive heart failure</b> DUE TO (c) _____		
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)	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 **May**, 19**57**, to **June**, 19**57**, that I last saw the deceased alive on **2 June**, 19**57**, and that death occurred at **4:20** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. D. [Signature]</b>	23b. ADDRESS <b>Maysville, Mo.</b>	23c. DATE SIGNED <b>6/17/57</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-12-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Beachem</b>	24d. LOCATION (City, town, or county) (State) <b>Osisee N.H.</b>
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DATE REC'D BY LOCAL REG. <b>6-12-57</b>	REGISTRAR'S SIGNATURE <b>Raeve Davidson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Bean</b> ADDRESS <b>Maysville Mo</b>
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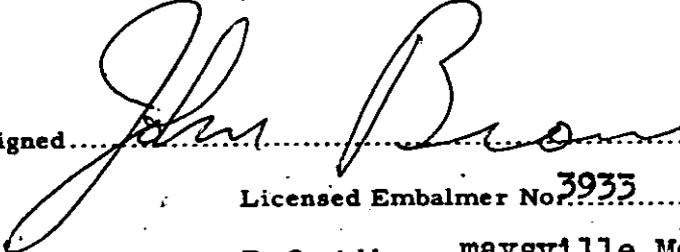
**STATEMENT BY LICENSED EMBALMER**

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  .....

Licensed Embalmer No. 3935 .....

P. O. Address maysville 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.