ept. Health,
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V. S. 300
Rev. 1-57

FILED NOV 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 41832

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10837

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis. Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION: Mo. Baptist Hospital Length of stay in 1b: 16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. b. COUNTY: Texas
c. CITY OR TOWN: Summersville Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 317 Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Charles Middle: Last: Carpenter
4. DATE OF DEATH Month Day Year: Nov. 10, 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 22, 1905
9. AGE (In years last birthday): 51 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): Retired Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: William Carpenter
13b. MOTHER'S MAIDEN NAME: Mary Jane Antrican
14. NAME OF HUSBAND OR WIFE: Ella Carpenter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Jack Carpenter, 5966 Bartmer, Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute & Extensive Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis and
DUE TO (c) atherosclerosis & associated coronary insufficiency
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Acute Coronary Occlusion in 1949.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None 420.1
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: None
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 10, 1949 to 11/9/57 and last saw her/him alive on 11/9/57
Death occurred at 12:35 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J. J. Burns (Degree or title) MD
22b. ADDRESS Houston, Missouri
22c. DATE SIGNED 11/12/57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-10-57
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Summersville, Mo.
24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG.: NOV 13 57
26. REGISTRAR'S SIGNATURE: J. Earl Smith MD
mgB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 28 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 ..... Signed Elton R. Remelius

Signature of Student Embalmer

Licensed Embalmer No. 4282

P. O. Address St. Louis, 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.