pt. Health,
., & Welfare
S. Public
lth Service

.S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 9 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45425
STATE FILE NUMBER

Registration District No. 296 Primary Registration District No. 6018 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: RAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FISHING RIVER — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 6 mi. E. Ex. Sprs, Mo — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: RAY
c. CITY OR TOWN: EXCELSIOR SPRINGS — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS: Rt #2 (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle ALBERT Last CARPENTER
4. DATE OF DEATH: Month DEC. Day 21 Year 1957
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-16-1880
9. AGE (In years last birthday): 77
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): FARM HAND
10b. KIND OF BUSINESS OR INDUSTRY: GEN. LABOR
11. BIRTHPLACE (City and state or country): IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: YES - UNK.
17. INFORMANT: EARL HEATHMAN Address: Rt. #2 Ex. Spr's, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary sclerosis
DUE TO (c): Arteriosclerosis severe
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
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 12-3-57 to 12-21-57 and last saw him alive on 12-21-57
Death occurred at 4:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): George E. Sanders M.D.
22b. ADDRESS: Excelsior Springs, Mo
22c. DATE SIGNED: 12-23-57
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 12-21-57
23c. NAME OF CEMETERY OR CREMATORY: CROWN HILL
23d. LOCATION (City, town, or county) (State): EXCELSIOR SPRINGS, Mo.
24. FUNERAL DIRECTOR: Prichard Funeral Home, Inc. ADDRESS: Excelsior Springs, Missouri
25. DATE RECD. BY LOCAL REG.: 1-2-58
26. REGISTRAR'S SIGNATURE: Helen J. Larkin

(Licensed Embalmer's Statement on Reverse Side)

72-0

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph Van Lauelingha

Licensed Embalmer No. 40.

P. O. Address Excelsior Springs

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