Health, Welfare Public Service

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FILED MAY 13 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-015453

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 4461 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY St. Francois	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bismarck — Inside Limits Yes X No ☐	c. CITY OR TOWN Bismarck 0948 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Colonial Rest Home — Length of stay in lb 3yrs.	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Nancy Middle Tabitha Last Carpenter		4. DATE OF DEATH Month May Day 3 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X 2 DIVORCED ☐	8. DATE OF BIRTH Jan 29, 1873
9. AGE (In years last birthday) 85	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Cross Ary Avin Wright		14. MOTHER'S MAIDEN NAME Mary Jane Blankenship	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) NA	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Henry Baker, Ellington, Mo	

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 circulatory failure	20 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Congestive heart failure	2 wks
DUE TO (c)	Cerebral hemorrhage 331X.	16 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES ☐ NO X 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 2-25-56, to 5-3-58 and last saw her alive on 5-2-58

Death occurred at 3:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. A. Wendigate, D.O.	22b. ADDRESS Bismarck, Missouri	22c. DATE SIGNED 5-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-3-58	23c. NAME OF CEMETERY OR CREMATORY Carpenter Cemetery
23d. LOCATION (City, town, or county) (State) Logan Twnp, Reynolds Co., Mo.		
24. FUNERAL DIRECTOR ADDRESS Pewitt Funeral Home	25. DATE RECD. BY LOCAL REG. May 3, 1958	26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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

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 John N. Shipman

Licensed Embalmer No. 488

P. O. Address Bismar

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.