

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001879

STATE FILE NUMBER

FILED JAN 19 1958

Registration District No. 164

Primary Registration District No. 5601

Registrar's No. 9

300
1-57
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1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg Twp Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Holden 0510 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant View Nursing Home Length of stay in 1b 9 Months		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lawrence Thomas Carpenter			4. DATE OF DEATH Month Day Year January 14, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 15, 1889
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	
10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock		11. BIRTHPLACE (City and state or country) Henry County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13a. FATHER'S NAME Edward Carpenter	
13b. MOTHER'S MAIDEN NAME Lydia Elman		14. NAME OF HUSBAND OR WIFE Anna H. Carpenter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-20-93228	
17. INFORMANT James Carpenter, Warrensburg, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Convulsions cause undetermined Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7802			INTERVAL BETWEEN ONSET AND DEATH 24 hrs
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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6:38 to 14 Jan 59 and last saw her/him alive on 10:05P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Heed Mason M.D. (Degree or title)		22b. ADDRESS Warrensburg Mo	
22c. DATE SIGNED 15 Jan 59		22d. PLACE SIGNED (City)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 18 Jan 1958	
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery		23d. LOCATION (City, town, or county) Warrensburg, Missouri	
24. FUNERAL DIRECTOR Sweeney-Phillips, Warrensburg, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. Jan. 17, 1959	
26. REGISTRAR'S SIGNATURE Savannah Crutchfield			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

JAN 26 1959

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 *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg*

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.