

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009284

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 150

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence Length of stay in 1b -
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE KANSAS b. COUNTY KANSAS CITY MO. c. CITY OR TOWN KANSAS CITY MO. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1206 S 34th Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Bethel Middle ANN Last CARPENTER 4. DATE OF DEATH Month 3 Day 14 Year 61
 5. SEX Female 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9-29-32 9. AGE (last birthday) 28 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HR Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waitress 10b. KIND OF BUSINESS OR INDUSTRY CAFE 11. BIRTHPLACE (City and state or country) Eldon, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME C.H. CARPENTER 13b. MOTHER'S MAIDEN NAME LENA ROBINSON 14. NAME OF HUSBAND OR WIFE -
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - 16. SOCIAL SECURITY NO. - 17. INFORMANT JERRY S. CARPENTER Address 1206 S. 34th K.C. Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Massive Subdural Hemorrhage INTERVAL BETWEEN ONSET AND DEATH -
 DUE TO (b) -
 DUE TO (c) -
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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.) subdural
 20c. TIME OF INJURY? Hour ? Month, Day, Year ? a.m. p.m.

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 Eldon COUNTY MO. STATE MO.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) Deputy Coroner 22b. ADDRESS 6627 Park St of OWW 22c. DATE SIGNED 3-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Remove 23b. DATE 3-16-61 23c. NAME OF CEMETERY OR CREMATORY Eldon 23d. LOCATION (City, town, or county) (State) Eldon MO

24. FUNERAL DIRECTOR Louis & Phillip ADDRESS Eldon MO 25. DATE RECD. BY LOCAL REG. 3-16-61 26. REGISTRAR'S SIGNATURE Alba L. Craig
 (Licensed Embalmer's Statement on Reverse Side) Deputy Registrar

MAY 24 1961

MAR 22 1961

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 Charles E Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.