

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-016460

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 342

FILED JUN 5 1961

1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> Length of stay in 1b <u>60 DAYS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>Higbee</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>RT # 2</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) *First <u>LESLIE</u> Middle <u>Clifford</u> Last <u>CARPENTER</u>		4. DATE OF DEATH Month <u>5</u> Day <u>24</u> Year <u>1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-11-94</u>
9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	IF UNDER 24 HR Hours <u>2</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMPLOYED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	
11. BIRTHPLACE (City and state or country) <u>NEW MARKET IOWA</u>		12. CITIZEN OF WHAT COUNTRY <u>RANDOLPH</u>	
13a. FATHER'S NAME <u>Ed CARPENTER</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH EASTER</u>	
14. NAME OF HUSBAND OR WIFE <u>BLANCHE CARPENTER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>UNIVERSITY MISSOURI MED. CENTER</u> Address <u>---</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Jansen's Cinchona</u> DUE TO (c) <u>---</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 wks - 3-4 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>---</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) <u>---</u>	
20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year <u>---</u> a.m. <u>---</u> p.m. <u>---</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	20f. CITY, TOWN, OR LOCATION <u>---</u>	COUNTY <u>---</u>	STATE <u>---</u>

21. I attended the deceased from 4/3/61 to 5/24/61 and last saw her alive on 5/24/61
Death occurred at 11:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Robert P. Pregant, M.D.</u>	22b. ADDRESS <u>6 West Dr., Columbia Mo.</u>	22c. DATE SIGNED <u>5/24/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/26/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Higbee City Cemetery</u>
23d. LOCATION (City, town, or county) <u>Higbee, Mo.</u>		23e. (State) <u>Mo.</u>

24. FUNERAL DIRECTOR <u>Marion E. Million</u>	ADDRESS <u>Moberly, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>May 31 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>
---	-----------------------------	---	---

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

JUN 13 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 Y. Maria E. Miller

Licensed Embalmer No. 3957

P. O. Address Y. Miller, Va.

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.