

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26849

3403

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3403	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Clay Co.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 4 hr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kearney			
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hosp				d. STREET ADDRESS (If rural, give location) X /			
3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) LEE c. (Last) CAREY			4. DATE OF DEATH (Month) (Day) (Year) Aug 7-1949				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW-3	8. DATE OF BIRTH May 18-1869		9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months 2 Days 24	11. IF UNDER 24 Hrs. Hour Min.
10a. USUAL OCCUPATION (Give kind of work describing most of working life, even if retired) house wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Clay Co Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Silvester Keith		13b. MOTHER'S MAIDEN NAME Harriet Birkels		14. NAME OF HUSBAND OR WIFE John Salimon Carey			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mary Etha Carey Richmond Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease years? DUE TO (c) Toxic Thyroid adenoma 40 yrs					INTERVAL BETWEEN ONSET AND DEATH 6 hr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3521					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that, I attended the deceased from Feb, 1949, to Aug 7, 1949, that I last saw the deceased alive on Aug 7, 1949 and that death occurred at 11 P. M., from the causes and on the date stated above.							
23a. SIGNATURE James W. Willoughby (Degree or title) James W. Willoughby MD				23b. ADDRESS LIBERTY Mo		23c. DATE SIGNED 8-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 9-49	24c. NAME OF CEMETERY OR CREMATORY Bethel Near Kearney		24d. LOCATION (City, town, or county) (State) Clay Co Near Kearney Mo		
DATE REC'D BY LOCAL REG. 8-8-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Leonard Fry Kearney Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney Mo

**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 this body is not embalmed, fact should be so stated above.