

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36691**

FILED DEC 14 1949

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

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 266	
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		5	
d. FULL NAME OF HOSPITAL OR INSTITUTION 404 E. Mc CARTY ST.				d. STREET ADDRESS (If rural, give location) 404 E. Mc CARTY			
3. NAME OF DECEASED (Type or Print) a. (First) EVA		b. (Middle) NONE		c. (Last) CARTER		4. DATE OF DEATH (Month) (Day) (Year) Dec 7 1949	
5. SEX 3 FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH UNKNOWN	
9. AGE (In years last birthday) Approximately 5 yrs		10. IF UNDER 1 YEAR: Month _____ Day _____		10. IF UNDER 1 YRS. 1 MONTH _____ 2 MONTH _____ 3 MONTH _____		11. BIRTHPLACE (State or foreign country) TEXAS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) TEXAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CLAY BURN LEONARD		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME JANTHA COFFEE ADDRESS KANSAS CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart d. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 6 months nycturia	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10, 1948 , to Dec 7, 1949 , that I last saw the deceased alive on Dec 7, 1949 , and that death occurred at 8 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE H. Kenagawa		(Degree or title) m D O		23b. ADDRESS 1 Ballmeier Bldg		23c. DATE SIGNED 12/9/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec. 9 1949		24c. NAME OF CEMETERY OR CREMATORY D. d. City Cemetery		24d. LOCATION (City, town, of county) (State) JEFFERSON CITY, MO	
DATE REC'D BY LOCAL REG. Dec 9-1949		REGISTRAR'S SIGNATURE R.P. Davis MD-NR		25. FUNERAL DIRECTOR'S SIGNATURE ROBINSON SERV. ADDRESS Jemo.			

Revised

District File Number _____

District Health Officer No. 9

RECEIVED
DEC 12 1919

NOV 18 1919

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 *Donald R. Sullivan*

Licensed Embalmer No. *4623*

P. O. Address *Jemo.*

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.