

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20114

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2497

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>30 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>2706 E 51st ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2706 E 51st ST</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>RAY</u> c. (Last) <u>CARRELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 1 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>NOV 20 1898</u>	9. AGE (In years last birthday) <u>59</u>	10. IF UNDER 1 YEAR: Months <u>6</u> Days <u>11</u> Hours <u>11</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC BLDGS</u>		11. BIRTHPLACE (State or foreign country) <u>BIRMINGHAM MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>GEO. WASH. CARRELL</u>		13b. MOTHER'S MAIDEN NAME <u>MILDRED S. THOMPSON</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>493-12-1729</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Wm R Higdon</u> ADDRESS <u>Kansas City, Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis Liver</u>			50
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 5-17, 1949 to 6-1, 1950, that I last saw the deceased alive on April 1, 1950, and that death occurred at 2:40A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Clint L. Miller</u> (Degree or title)		23b. ADDRESS <u>Leavenworth MO</u>		23c. DATE SIGNED <u>6-1-50</u>	
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24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE <u>JUNE 5 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLDEN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HOLDEN MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>6-5-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Kopp</u>		ADDRESS <u>Holden Mo</u>	
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WRITE PLAINLY—USING UNFAADING 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

M. J. Canaday

Licensed Embalmer No. *3434*

P. O. Address *Holden 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.