

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4680  
Registrar's No. 557

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City  
c. LENGTH OF STAY (in this place) 7 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)  
a. STATE Kansas b. COUNTY Wyandotte  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. R. 1 Bethel, Kansas 81502  
d. STREET ADDRESS (If rural, give location) R. R. 1

3. NAME OF DECEASED  
a. (First) Sarah b. (Middle) Alice c. (Last) Carey

4. DATE OF DEATH February 5, 1951

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH March 14, 1871

9. AGE (in years last birthday) 79  
IF UNDER 1 YEAR Months Days IF UNDER 1 HRA. Hours Min.

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) Missouri U

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George W. Riddle

13b. MOTHER'S MAIDEN NAME - Hunt

14. NAME OF HUSBAND OR WIFE Anderson Carey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no xx

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Anderson Carey R. R. 1 Bethel, Kansas

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) L. CEREBRAL REBOOSES  
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. CANCER CERVIX

INTERVAL BETWEEN ONSET AND DEATH L 289  
171X  
L 2000

19a. DATE OF OPERATION Jan 20 51

19b. MAJOR FINDINGS OF OPERATION CANCER OF CERVIX

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Feb 2, 1950, to Feb 5, 1951, that I last saw the deceased alive on Feb 4, 1951, and that death occurred at 2a. m., from the causes and on the date stated above.

23a. SIGNATURE P.C. Quistgard (Degree or title) MD

23b. ADDRESS 6241 Prospect Ave. Kansas City, Mo.

23c. DATE SIGNED Feb 6 51

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE Feb 5 1951

24c. NAME OF CEMETERY OR CREMATORY Chapel Hill Memorial Gardens

24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG. 2-6-51 REGISTERAR'S SIGNATURE Maudine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R.A. Fulton, Kansas City, Kans.

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

3008

ga. 4795

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Charles K. Kuster*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3503

P. O. Address Kansas City, Kansas

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.