

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22973**
3151

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give town or TOWN) Kansas City		c. LENGTH OF STAY (in this place) 49 years		d. STREET ADDRESS (If rural, give location) 308 Barat ³⁰⁶⁰	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
a. (First) Theodore		b. (Middle) R.		c. (Last) Carter		7. DATE OF DEATH (Month) (Day) (Year) 7 18 51	
8. DATE OF BIRTH		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
July 17 1901		50		Elevator Operator		Adrian Mo.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William A Carter		13b. MOTHER'S MAIDEN NAME Cecelia Ann Haynes		14. NAME OF HUSBAND OR WIFE Faye Carter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 187-31-2935		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Francis Reley</i>		ADDRESS 3122 Broad	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrolithiasis					
		ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				602-X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min)		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 <u>July 9</u> , 1951, to <u>July 18</u> , 1951, that I last saw the deceased alive on <u>July 18</u> , 1951, and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>R. I. Burns M.D.</i>				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 7-19-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 21 1951		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 7-24-51		REGISTRAR'S SIGNATURE <i>Rosaline Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Robin Co</i>		ADDRESS 20 West Linwood	

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 Forrest D. Goldsnow

Licensed Embalmer No. 4214

P. O. Address K. C. 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.