

FILED OCT 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33475
4396
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 3	
c. LENGTH OF STAY (in this place) 16 yrs		d. STREET ADDRESS (If rural, give location) 6715 Independence Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital.			

3. NAME OF DECEASED (Type or Print) a. (First) Virgie	b. (Middle) Mae	c. (Last) Carey	4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 20, 1903	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (State or foreign country) Walnut Ridge, Ark.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Copeland	13b. MOTHER'S MAIDEN NAME Mary	14. NAME OF HUSBAND OR WIFE Wm. E. Carey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Wm. E. Carey	ADDRESS Kansas City 3, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 153X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular collapse DUE TO (c) carcinoma		
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 Carcinoma of sigmoid - metastasis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-3, 1951, to 10-15, 1951, that I last saw the deceased alive on 10-15, 1951, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. J. McAnally (Degree or title)	23b. ADDRESS 926 E. 11th St. Mo.	23c. DATE SIGNED 10-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct. 17, 1951	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 10-16-51	REGISTRAR'S SIGNATURE J. J. McAnally	25. FUNERAL DIRECTOR'S SIGNATURE Geo. L. Carson	ADDRESS Independence, Mo.
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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 *Harold E. Stodvel*.....

Licensed Embalmer No. *4609*.....

P. O. Address *Indep. 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.