

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38732

State File No.

4824

BIRTH NO. NOV 22 1952 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</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>3yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2833 Tracy</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2833 Tracy</u>			

3418

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Honeycutt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 1 52</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 10, 1895</u>		9. AGE (In years last birthday) <u>56</u>	10. UNDER 1 YEAR Months	11. UNDER 1 HRS Hours	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Miss Market Island</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>				

13a. FATHER'S NAME <u>Newton Honeycutt</u>		13b. MOTHER'S MAIDEN NAME <u>Margret Boyster</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie Ellen Honeycutt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I - Navy</u>		16. SOCIAL SECURITY NO. <u>489-26-7791</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Ellen Honeycutt</u> ADDRESS <u>2833 Tracy</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>None</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic of Heart</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>				1 yr	
		DUE TO (c) <u>None</u>				4 1/2	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		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 Sept 11, 1951, to Nov 1, 1952, that I last saw the deceased alive on Sept 9, 1952, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Grimm S. Carbaugh</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>2004 Bryant Bldg K6 Dr 11-4-52</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>11-4-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGillley-Eylar</u> ADDRESS <u>Kansas City, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 30 1933

9-1/2 hrs.
Bryant Bell

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 F Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Adessa 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.