No. 300
10.48

FILED MAR 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5781

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1065

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

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1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 5 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): TRINITY LUTHERAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY, Inter city 1 7000
d. STREET ADDRESS (If rural, give location): 719 LEWIS

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): FLOYD
c. (Last): CARPENTER

4. DATE OF DEATH (Month) (Day) (Year): FEB. 18 1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: 8 APRIL 1893
9. AGE (In years last birthday): ~~59~~ 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRICAL
11. BIRTHPLACE (City and State or Foreign Country): PITTSBURG, KANSAS 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM HENRY
13b. MOTHER'S MAIDEN NAME: ANNETTA WARD
14. NAME OF HUSBAND OR WIFE: CLARA CARPENTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): X X X
16. SOCIAL SECURITY NO.: 495-03-2254
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: CLARA CARPENTER 719 LEWIS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia (Renal Insufficiency) — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis & arteriosc. — 2 yrs +
DUE TO (c): sclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Auricular Fibrillation — 10 mos +

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 42.00
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) m.
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* 3/7, 1952, *to* 2-18, 1953, *that I last saw the deceased alive on* 2-17, 1953, *and that death occurred at* 2:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph E. Welker (Degree or title): Joseph E. Welker MD MDC
23b. ADDRESS: 836 Prof Bldg K.C. Mo.
23c. DATE SIGNED: 2-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 20 FEB. 53
24c. NAME OF CEMETERY OR CREMATORY: FLORAL HILLS
24d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.

DATE REC'D BY LOCAL REG.: 2-20-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: FLORAL HILLS MEMORIAL CHAPELS K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Lloyd C. McCord

Licensed Embalmer No. 4853

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.