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FILED MAY 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14088
2146

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 or township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 3098	
c. LENGTH OF STAY (in this place) 32 yrs.		d. STREET ADDRESS (If rural, give location) 3525 SMART	
d. FULL NAME OF HOSPITAL OR INSTITUTION DeLora Conv. Home			

3. NAME OF DECEASED (Type or Print) a. (First) HUBERT b. (Middle) WALKER c. (Last) CARSON			4. DATE OF DEATH (Month) (Day) (Year) April-21-1953		
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY 26-1886		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECY-TREAS-CAB Driver Union		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LANCASTER, IOWA	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME GEORGE M. CARSON		13b. MOTHER'S MAIDEN NAME MARTHA M. WALKER		14. NAME OF HUSBAND OR WIFE WYLLA V. CARSON	
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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. 487-05-2610		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. WYLLA V. CARSON 3525 SMART	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		DUPLICATE Arteriosclerosis				2 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE Arteriosclerosis				2 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						450	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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 1-1-53, 19 to 4-21-53, that I last saw the deceased alive on 4-21-53, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE Frank Paul Laureys MD		23b. ADDRESS 928 S. White		23c. DATE SIGNED 4-21-53	
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE April-23-1953		24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
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DATE REC'D BY LOCAL REG. 4-23-53		REGISTRAR'S SIGNATURE Geraldine Smith		FUNERAL DIRECTOR'S SIGNATURE C. H. Blackman		ADDRESS Inc. N.C. Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

W.C. Rinne

Licensed Embalmer No.

4879

P. O. Address

St. Louis, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.