

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24685

State File No. 3337

FILED JUL 24 1953

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

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY <i>Jackson</i>	
b. CITY OR TOWN <i>Kansas City</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City 3148</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1001 E 11th St</i>		d. STREET ADDRESS (If rural, give location) <i>1001 E 11th St 0</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>REBA</i> b. (Middle) <i>MAY</i> c. (Last) <i>CARPENTER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>6-30-1953</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>12-7-1907</i>
9. AGE (In years last birthday) <i>45</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 1 RES. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Telephone Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Jankio, MO</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Joshua Yokum</i>	
13b. MOTHER'S MARDEN NAME <i>Eora Johnson</i>		13c. NAME OF HUSBAND OR WIFE <i>John Carpenter</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, so, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>496-07-9875</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>John Carpenter</i>		ADDRESS <i>1001 E 11th St</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Myocardial Infarction</i> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4201</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Natural</i>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23. SIGNATURE <i>High H. Owens</i> (Degree or title)		23b. ADDRESS <i>1034 Patton Blvd</i>	
23c. DATE SIGNED <i>6-30-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>7-3-1953</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Highland Park</i>		24d. LOCATION (City, town, or county) (State) <i>Kansas City, Kans.</i>	
DATE REC'D BY LOCAL REG. <i>7-3-53</i>		REGISTRAR'S SIGNATURE <i>Seraldine Smith</i>	
5. FUNERAL DIRECTOR'S SIGNATURE <i>Paspartino Bros</i>		ADDRESS <i>KC MO</i>	

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 _____

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

John R. Sidmon

Licensed Embalmer No. 4531

P. O. Address Kansas City, 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.