

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35797

FILED NOV 2 - 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4991</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>18 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1427 Garfield</u>				e. STREET ADDRESS (If rural, give location) <u>1427 Garfield</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tom</u>		b. (Middle) _____		c. (Last) <u>Carter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15, 1953</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced - 3</u>		8. DATE OF BIRTH <u>May 15, 1883</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer Manor Baker's</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville, Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				13a. FATHER'S NAME <u>Ike Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah -</u>	
14. NAME OF HUSBAND OR WIFE <u>Dora Carter</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>440-12-3545A</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Pink C. Carter</u>				ADDRESS <u>4017 Rosa El Paso, Tex</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arrricular Fibrillation 1 wk</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last. DUE TO (b) <u>Hypertensive Ht Disease</u> <u>Chor. Parenchymatous Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>592X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>no</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no</u>			
22. I hereby certify that I attended the deceased from <u>7-6-53</u> , to <u>10-15-53</u> , that I last saw the deceased alive on <u>10-15-53</u> and that death occurred at <u>2:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. S. Wells</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>2122-E-15th Kewo</u>		23c. DATE SIGNED <u>10-19-53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-19-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Adkins Bros. Funeral Home K. C. Mo.</u>			

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.....
Signature of Student Embalmer

Signed.....
C. Kenneth Reynolds

Licensed Embalmer No. *4431*

P. O. Address *R. C. M. Co.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.