

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43068**  
**5896**

FILED DEC 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1061</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Clay</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>			c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY OR TOWN <b>Liberty</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>412 West 8th Street</b>				e. STREET ADDRESS (If rural, give location) <b>Route 2</b>				<b>6009</b>		
3. NAME OF DECEASED (Type or Print) <b>CAROLYNN</b>			a. (First) <b>A.</b>		b. (Middle) <b>MEADOWS</b>		c. (Last)			
4. DATE OF DEATH			(Month) <b>Dec. 14,</b>		(Day) <b>1953</b>		(Year)			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 2, 1911</b>		9. AGE (In years last birthday) <b>42</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Garment Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Louis Walter Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Tracy, Kansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Benjamin F. Imler</b>			13b. MOTHER'S MAIDEN NAME <b>Nina R. Shew</b>			14. NAME OF HUSBAND OR WIFE <b>Ray Meadows</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-16-1785</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ray Meadows, Liberty, Missouri</b>					ADDRESS	
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) <b>Crushed Skull</b>					INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES DUE TO (b) <b>Crushed Chest</b>						
				DUE TO (c)						
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<b>E912-3</b>	
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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Factory</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>Kansas City Jackson</b>		STATE <b>MO</b>				
21d. TIME OF INJURY <b>12-14 3:34 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Elevator Fell</b>						
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.										
23a. SIGNATURE <b>Hugh H. Owens</b>				(Degree or title)		23b. ADDRESS <b>1034 Rialto Bldg</b>		23c. DATE SIGNED <b>12-15-53</b>		
24a. BURIAL CREMATION (Specify) <b>Burial</b>		24b. DATE <b>12-17-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>Clay County, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>12-16-53</b>		REGISTRAR'S SIGNATURE <b>Sauldine Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>FREEMAN MORTUARY &amp; CHAPEL, K. C., Mo.</b>					

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

3

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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.. *Walter H. Corwin* .....

Licensed Embalmer No. *4352* .....

P. O. Address *Kansas City* .....

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.