

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8547  
State File No. ....  
965  
Registry No. ....

BIRTH NO. FILED MAR 18 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registry No. ....

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 township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>50 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2924 East 28th St.</u>			e. STREET ADDRESS (If rural, give location) <u>38 2924 East 28th St. 3388</u>		
3. NAME OF DECEASED (Type or Print) <u>EVA</u>		a. (First)	b. (Middle)	c. (Last) <u>CARTER</u>	4. DATE OF DEATH <u>March 3, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 10, 1859</u>	9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Jonesboro, Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>Lawrence Rutledge Glaze</u>		13b. MOTHER'S MAIDEN NAME <u>Julia M. Graham</u>	14. NAME OF HUSBAND OR WIFE <u>George B. 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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edna C. Hayes, 219 W. 61 St., K.C. MO.</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>cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Permissive anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>  <u>331X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	21d. (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 <u>2/6</u> , 19 <u>54</u> , to <u>3/3</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Mar 3</u> , 19 <u>54</u> , and that death occurred at <u>7:15</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Herbert S. Valentine</u> (Degree or title) <u>M.D. MD</u>			23b. ADDRESS <u>1124 Professional Bldg. Kansas City, Mo.</u>		DATE SIGNED <u>3/4/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-5-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-4-54</u>	REGISTRAR'S SIGNATURE <u>Staldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE UND. CO.</u>	ADDRESS <u>K.C. MO.</u>	

Dr. Herbert Valentinie  
1124 Prof. Bldg.  
Vi. 1938

TOD 7:00 PM

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1 to 2

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 *F. S. Walters* .....

Licensed Embalmer No. *279*

P. O. Address *Kern* .....

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.