

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8982

BIRTH NO. FILED MAR 18 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 941

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 TOWN Kansas City		c. LENGTH OF STAY (In this place) 28 yrs.		c. CITY OR TOWN Kansas City		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 St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) 3921 Troost 3648			
3. NAME OF DECEASED (Type or Print) CARRIE		a. (First) L.		b. (Middle) TROTTER		c. (Last) 4	
4. DATE OF DEATH March 2, 1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH Nov. 12, 1893		9. AGE (In years last birthday) 60 If UNDER 1 YEAR: Months Days If UNDER 1 HR.: Hours Min.	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Typist		10b. KIND OF BUSINESS OR INDUSTRY Pritchard Constr. Co.	
11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Bitting		13b. MOTHER'S MAIDEN NAME Minnie Clutter	
14. NAME OF HUSBAND OR WIFE --		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. 513-24-0921		17. INFORMANT'S SIGNATURE OR NAME Fred Lock, Indianola, Iowa	
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, asphyxia, 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) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 hrs.  331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (STATE)			
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?			
22. I hereby certify that I attended the deceased from <u>MAR 1, 1954</u> , to <u>MAR 2, 1954</u> , that I last saw the deceased alive on <u>MAR 2, 1954</u> , and that death occurred at <u>5:55 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE John F. McDonnell, M.D.				23b. ADDRESS 315 Nichols Road Kansas City, Mo		23c. DATE SIGNED MAR 2, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-4-54		24c. NAME OF CEMETERY OR CREMATORY Mount Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 3-2-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C.MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. John F. McDonnell  
Physician Medical College  
No. 3243

7019 3

About 1:00 pm

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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 *J. Crowell*.....

Licensed Embalmer No. *49*.....

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