

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **18834**
2468

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

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 OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 27 Yrs.		STREET ADDRESS (If rural, give location) 214 East 33rd Street 3498	

3. NAME OF DECEASED (Type or Print) a. (First) DORA b. (Middle) ALICE c. (Last) CARR		4. DATE OF DEATH (Month) (Day) (Year) June 1, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan. 4, 1869
9. AGE (In years last birthday) 85		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (City and State or Foreign Country) Ritchey, Missouri	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Edward Alburty		13b. MOTHER'S MAIDEN NAME Prudy Hall		14. NAME OF HUSBAND OR WIFE Silas H. Carr	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Beulah Carr Kansas City, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		II. OTHER SIGNIFICANT CONDITIONS due to febrile typhemia + hypertension		3 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		4 days	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Fracture of the Ribs (from fall in accident)		4 days	
		DUE TO (c) Syncope with Trauma		4 days	
		General Vascular Sclerosis		5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				294XF	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fall in Syncope		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bathroom - Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-28-54 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Injury to ribs by Fall w Syncope	

22. I hereby certify that I attended the deceased from Jan 10, 1949, to June 1, 1954, that I last saw the deceased alive on May 31, 1954, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE Graham Asher (Degree or title) M.D.		23b. ADDRESS 1220 Professional Bldg Kansas City 6 - Mo		23c. DATE SIGNED 6-1-54	
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 6-4-54		24c. NAME OF CEMETERY OR CREMATORY Van Buren	
				24d. LOCATION (City, town, or county) (State) Ritchey, Missouri	

DATE REC'D BY LOCAL REG. 6-2-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

FILED JUL 12 1954

Mr. Carter

1220 Prof. Beady.

2:30-5

Nov 8/80

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 *Clayton K Barnes*

Licensed Embalmer No. *4793*

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.