

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27122**
Registrar's No. **3959**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3959	
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) Kansas City		c. LENGTH OF STAY (in this place) 80 yrs.		c. CITY OR TOWN Kansas City		d. 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 Trinity Lutheran Hospital				f. STREET ADDRESS (If rural, give location) Brookside Hotel, 5400 Brookside			
3. NAME OF DECEASED (Type or Print) a. (First) OLIVER		b. (Middle)		c. (Last) CARLAT		4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 2, 1864	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Realty Co.		9. AGE (In years last birthday) 90		11. BIRTHPLACE (City and State or Foreign Country) Muscataine, Iowa	
13a. FATHER'S NAME Eugene Carlat		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE MINA WEBB CARLAT			
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 Mrs. Mina Carlat, 5400 Brookside, K.C.Mo.			
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) Pulmonary Edema INTERVAL BETWEEN ONSET AND DEATH 4200			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy & Stenosis DUE TO (c) Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic lymphocytic leukemia			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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) KANSAS CITY MISSOURI			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 alive on _____, 19____, to _____, 19____, and that death occurred at 3:50 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Jack H. Hill (Degree or title) Dr.				23b. ADDRESS 1740 S. 3001 W. Independence Mo		23c. DATE SIGNED 18 Aug 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/16/54		24c. NAME OF CEMETERY OR CREMATOR Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 8-16-54		REGISTRAR'S SIGNATURE Margaret Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCURE UND. CO. K.C.MO.			

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

Mr. James E. Marshall
318 Prof. Bldg.
Hv. 0236

Epp 3150

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.....
Eugene T. Kerner

Licensed Embalmer No. 46

P. O. Address *Lansate*

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.