

FILED DEC 9 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

37306

5349

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>10 Yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>		STREET ADDRESS (If rural, give location) <b>1620 Central</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertie Manuel</b> b. (Middle) <b>Dean</b> c. (Last) <b>Carter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 17 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>22 August 1905</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Roofers</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rogers County, Okla.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>C. W. Carter</b>		13b. MOTHER'S MAIDEN NAME <b>Virgina A. Farmer</b>		14. NAME OF HUSBAND OR WIFE <b>Edna J Carter</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No X</b>	16. SOCIAL SECURITY NO. <b>446-07-7375</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Carter</b>		ADDRESS <b>645 Brighton, v. C. Mo.</b>	
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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			INTERVAL BETWEEN ONSET AND DEATH  <b>416x</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypoxia</b>			
	ANTECEDENT CAUSES DUE TO (b) <b>Thoracostomy for cardiac arrest</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Rheumatic heart disease</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

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)	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) (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 Nov. 15, 1954, to Nov. 17, 1954, that I last saw the deceased alive on Nov. 17, 1954, and that death occurred at 11:55A m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. I. Burns</b>	(Degree or title) <b>D</b>	23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>11-18-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 20-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>

DATE REC'D BY LOCAL REG. <b>11-20-54</b>	REGISTRAR'S SIGNATURE <b>Neve Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Floral Hills Memorial Chapels K.C. Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr. Thomas*

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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 *Lloyd C. McCall*.....

Licensed Embalmer No. *485*.....

P. O. Address *H. C. M.*.....

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.