

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40841**
Registrar's No. **5693**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 Ward Parkway</u>		STREET ADDRESS (If rural, give location) <u>700 Ward Parkway</u>			
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>		a. (First) <u>L.</u>		c. (Last) <u>CARTER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>December 10, 1954</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 28, 1870</u>		9. AGE (In years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Partner - Carter & Carter Realty</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Hervey Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Mins</u>	
14. NAME OF HUSBAND OR WIFE <u>Corinne Isabel Carter</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Corinne Isabel Carter</u>		ADDRESS <u>700 Ward Parkway</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial failure</u> ANTECEDENT CAUSES: <u>Coronary sclerosis</u> Morbidity, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Seriously Indefinite</u> DUE TO (b) <u>Indefinite</u> DUE TO (c) <u>Indefinite</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral arterio sclerosis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Indefinite</u>		19c. AUTOPSY? <u>4201</u> 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>April 28, 1870</u> to <u>Dec 10, 1954</u> and that death occurred at <u>Dec 9, 1954</u> at <u>15:00</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Don Carter</u>		23b. ADDRESS <u>1500 Prof Bldg</u>		23c. DATE SIGNED <u>12-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		DATE REC'D BY LOCAL REG. <u>12-13-54</u>		REGISTRAR'S SIGNATURE <u>Neva Minchell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & MCCLURE UND. CO.</u>		ADDRESS <u>K.C.MO.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD DON CARLTON Peete

Wrs. Condon's Home
Professional Bldg.
Via. 1145.
After 2:00-

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 J. Linn

Licensed Embalmer No.....
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P. O. Address.....
Linn, Ill.

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.