

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 15389
2029

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 (If outside corporate limits, write RURAL and give OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 4 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1				STREET ADDRESS (If rural, give location) 351 Highland 310 1/2					
3. NAME OF DECEASED (Type or Print) a. (First) Kenneth			b. (Middle) Virgil		c. (Last) Carter		4. DATE OF DEATH (Month) (Day) (Year) May 8 55		
5. SEX male <input checked="" type="checkbox"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 1, 1917 1916		9. AGE (In years last birthday) 38	
						IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler				10b. KIND OF BUSINESS OR INDUSTRY Plastic Corp.		11. BIRTHPLACE (City and State or Foreign Country) Buxton Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Walter Carter			13b. MOTHER'S MAIDEN NAME Viola Raphael			14. NAME OF HUSBAND OR WIFE Helen Carter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 483-01-0379		17. INFORMANT'S SIGNATURE OR NAME Helen Carter 351 Highland Kansas City 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES DUE TO (b) coronary arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus					INTERVAL BETWEEN ONSET AND DEATH 4201	
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)		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 April 24, 1955, to May 8, 1955, that I last saw the deceased alive on May 8, 1955, and that death occurred at 10:00 a., from the causes and on the date stated above.									
23a. SIGNATURE B.I. Burns (Degree or title)				23b. ADDRESS 24th & Cherry Sts.			23c. DATE SIGNED 5/9/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 11, 1955		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill		24d. LOCATION (City, town, or county) (State) Des Moines Iowa			
DATE REC'D BY LOCAL REG. 5-10-55		REGISTRAR'S SIGNATURE Nevada Marshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Funeral Home Kansas City Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

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. Vigil Henrick

Licensed Embalmer No. 359

P. O. Address *F. E. 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.