

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40461**
5177BIRTH 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 town(ship) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) Unk.	c. CITY OR TOWN Kansas City		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			3. STREET ADDRESS (If rural, give location) 583 Harrison		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Frances		c. (Last) GARTER	4. DATE OF DEATH (Month) 11 (Day) 25 (Year) 1955
5. SEX 3 female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 2-16-1914	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? America
13a. FATHER'S NAME Cicero Slayton		13b. MOTHER'S MAIDEN NAME Malicia Blakely		14. NAME OF HUSBAND OR WIFE Donald Carter	
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. Unkown	17. INFORMANT'S SIGNATURE OR NAME Marie Moore ADDRESS 365 Troupe, K C, Kans.		
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, ashtenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver		INTERVAL BETWEEN ONSET AND DEATH
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5810
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 10-20-55 , 19____, to 11-25-55 , 19____, that I last saw the deceased alive on 11-25-55 , 19____, and that death occurred at 3:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE OF REGISTRAR E. Frank Ellis MD (Degree or title) O			23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 11-25-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-29-55	24c. NAME OF CEMETERY OR CREMATORY City,	24d. LOCATION (City, town, or county) (State) Mt. Vernon, Illinois	
DATE REC'D BY LOCAL REG. 11-29-55		REGISTRAR'S SIGNATURE Neve Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Brigham & Jones ADDRESS 18th & Park	

(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 *Lawrence G. Jones*

Licensed Embalmer No. *44*

P. O. Address *2308 80th St. N.E. Wash D.C.*

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.