

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5285**

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5577		Registrar's No. 27			
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 township) Lees Summit		c. LENGTH OF STAY (In this place) 3 Years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City					
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Nursing Home				d. STREET ADDRESS (If rural, give location) 400 North Lawn					
3. NAME OF DECEASED (Type or Print) a. (First) Barbara		b. (Middle) Anna		c. (Last) Carrel		4. DATE OF DEATH (Month) (Day) (Year) February 20-1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 10, 1865			
9. AGE (In years last birthday) 90		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) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) / Chariton, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Wm. Wilson Allison		13b. MOTHER'S MAIDEN NAME Elizabeth Jacobs		14. NAME OF HUSBAND OR WIFE Jack Carrel					
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 Wm. Oliver Mace, 417 No. 14th. K.C.K.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterio Sclerosis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		332x		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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Feb. 20, 1956 , and that death occurred at 1:30A m., from the causes and on the date stated above.									
23a. SIGNATURE Wm. Oliver Mace MD				23b. ADDRESS Jackson County		23c. DATE SIGNED 2/21/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/22/1956		24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas			
DATE REC'D BY LOCAL REG. 2-21-1956		REGISTRAR'S SIGNATURE D. B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jps. A. Butler's Sons, Kansas City, Kas.					

(Licensed Embalmers' Statement on Reverse Side)

UN 1-2600 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
Student Embalmer

Signed _____



Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City, Kansas

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 this body is not embalmed, fact should be so stated above.