

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9024

State File No.

FILED MAR 27 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1053

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Olathe	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (On this place) 4 weeks		e. STREET ADDRESS (If rural, give location) - 815 S	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1			

3. NAME OF DECEASED (Type or Print)	a. (First) Clarence	b. (Middle) Walter	c. (Last) Carrier	4. DATE OF DEATH (Month) (Day) (Year) 3-10-56
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Junell, 1902	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Clerk	10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (City and State or Foreign Country) DeSoto, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Walter Carrier	13b. MOTHER'S MAIDEN NAME Elsie Frances Moberly	14. NAME OF HUSBAND OR WIFE Roberta G. Carrier
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-10-7334	17. INFORMANT'S SIGNATURE OR NAME Roberta G. Carrier	ADDRESS Olathe, Kansas
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) diabetes mellitis, broncho-pneumonia DUE TO (c) _____ 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12 - 27 - , 19 55, to 3 - 10 - , 19 56 that I last saw the deceased alive on 3 - 10 - , 19 56, and that death occurred at 12:13am., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) D.	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 3-10-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-10-1956	24c. NAME OF CEMETERY OR CREMATORY Olathe Cemetery	24d. LOCATION (City, town, or county) (State) Olathe KANSAS
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DATE REC'D BY LOCAL REG. 3-10-56	REGISTRAR'S SIGNATURE newton minshall	25. FUNERAL DIRECTOR'S SIGNATURE Newton W. Frye	ADDRESS Olathe Kc
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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 Martin W. Frye, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Martin W. Frye

Licensed Embalmer No. 361

P. O. Address W. H. Kan

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.