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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13176

State File No. 1766

FILED MAY 10 1956

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 township) OR TOWN Kansas City, Mo.		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 70 years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Luke's Hospital		e. STREET ADDRESS (If rural, give location) 14 Brookside Hotel 3740	

3. NAME OF DECEASED (Type or Print)	a. (First) MINA	b. (Middle) W.	c. (Last) Carlat	4. DATE OF DEATH (Month) (Day) (Year)
	Mina	W.	Carlat	4-23-56

5. SEX / Fe	6. COLOR OR RACE / white	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) / Widowed	8. DATE OF BIRTH / 7-1-74	9. AGE (In years last birthday) / 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) / At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) / Boone Iowa	12. CITIZEN OF WHAT COUNTRY? / U. S. A.
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13a. FATHER'S NAME / Watt Webb (sr)	13b. MOTHER'S MAIDEN NAME / Rebecca Wilson	14. NAME OF HUSBAND OR WIFE / Oliver Carlat
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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. / no	17. INFORMANT'S SIGNATURE OR NAME / Mrs. J. H. Feingersh	ADDRESS / K. C. Mo.
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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) subarachnoid hemorrhage		1 day
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis DUE TO (c) pulmonary adhesions, pneumonia, cirrhosis		330X
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)
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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 1936, to 4-23, 1956, that I last saw the deceased alive on 4-22, 1956, and that death occurred at 3:05 Am., from the causes and on the date stated above.

23a. SIGNATURE James C. Walker (Degree or title) 0	23b. ADDRESS 318 Prof Bldg K.C. Mo	23c. DATE SIGNED 4-23-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) / Burial	24b. DATE 4/25/56	24c. NAME OF CEMETERY OR CREMATORY / Forest Hill	24d. LOCATION (City, town, or county) (State) / Kansas City Mo.
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DATE REC'D BY LOCAL REG. 4-24-56	REGISTRAR'S SIGNATURE new minshall	25. FUNERAL DIRECTOR'S SIGNATURE / Stine & McClure	ADDRESS / R. C. Mo.
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(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 *F. A. Walton*.....

Licensed Embalmer No. *274*.....

P. O. Address *R. C. 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.