THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1956

20434
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2663

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Chillicothe 0592 1 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Veterans Administration — Length of stay in 1b 76days	d. STREET ADDRESS (If outside, give location) 1108 North Elm Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Rogers	Middle: Louis	Last: CARTER	4. DATE OF DEATH Month: June Day: 17 Year: 1956
5. SEX: Male	6. COLOR OR RACE: Caucasian	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: April 11, 1905	9. AGE (In years last birthday): 51 — 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): Clerk - MANAGER	10b. KIND OF BUSINESS OR INDUSTRY: L. & A SALES CO. BROOKFIELD MO.	11. BIRTHPLACE (City and state or country): Meadville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John A. Carter		14. MOTHER'S MAIDEN NAME: Gertrude — Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW11	16. SOCIAL SECURITY NO.: 351010825	17. INFORMANT Address: Official VA Hospital Records, K.C. Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Asphixia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchogenic carcinoma with bronchial obstruction

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 162X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Extensive adrenal metatasis; Bronchopneumonia

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK VA ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 2, 1956, to June 17, 1956 ~~and last saw her alive on~~

Death occurred at 12:15AM a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joaquin F. Lopez, MD	22b. ADDRESS: 4801 Linwood Blvd., K.C. Mo.	22c. DATE SIGNED: 6-17-56
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 6-18-56	23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City, town, or county) (State): CHILLICOTHE MISSOURI		
24. FUNERAL DIRECTOR ADDRESS: D. W. Newcomer's Sons. K-C-Mo	25. DATE RECD. BY LOCAL REG.: 6-18-56	26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 29 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Kellie Kessel

Licensed Embalmer No. 4

P. O. Address K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.