

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20437**BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2316**

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 3 Months		c. CITY OR TOWN HUME		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				e. STREET ADDRESS (If rural, give location) 2070 /			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) CLYDE			c. (Last) CARVER	
4. DATE OF DEATH		(Month) May		(Day) 27		(Year) 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 26, 1901	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and State or Foreign Country) Durham, North Carolina	
12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13a. FATHER'S NAME William A. Carver			13b. MOTHER'S MAIDEN NAME Nettie Humphreys			14. NAME OF HUSBAND OR WIFE Leona	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War I		17. INFORMANT'S SIGNATURE OR NAME Official VA Hospital Records, K. C. Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, bilateral ANTECEDENT CAUSES Primary Carcinoma of left lung with metastasis to kidney, bilateral Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute passive congestive liver II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Duodenal diverticuli				INTERVAL BETWEEN ONSET AND DEATH 162X	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA 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 February 24, 1956 , to May 27, 1956 , that I last saw the deceased XXXXXX and that death occurred at 5:55 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Eugene Hwa, M.D.				23b. ADDRESS VA Hospital, 4801 Linwood, Kansas City, Mo.		23c. DATE SIGNED 5-27-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY 30, 1956		24c. NAME OF CEMETERY OR CREMATORY EAST LAWN CEMETERY		24d. LOCATION (City, town, or county) (State) SPRINGFIELD MISSOURI	
DATE REC'D BY LOCAL REG. 5-29-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 25 1956

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.....
Chester K Brown

Licensed Embalmer No. 4

P. O. Address KEA

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.