

FILED APR 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8538

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1251

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY La Fayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WELLINGTON		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ETS. ADM. HOSPITAL			Length of stay in lb 58 DAYS	d. STREET ADDRESS 401 M 217		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HERBERT Middle (NMI) Last CAREY				4. DATE OF DEATH Month March Day 16 Year 1957			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH December 4, 1889		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) Wellington, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Jeff Davis Carey				14. MOTHER'S MAIDEN NAME Belle Ford			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 195-05-8965		17. INFORMANT Address Official VA Hospital Records, K. C. Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Metastatic carcinoma DUE TO (c) Adenocarcinoma of prostate							INTERVAL BETWEEN ONSET AND DEATH 177 X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> VA <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 January 17, 1957 to March 16, 1957 Death occurred at 9:40 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (In case of wife) L. G. AGEE, M. D.				22b. ADDRESS VA Hospital 1801 Linwood Kansas City, Mo.		22c. DATE SIGNED 3-16-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE March 18-57	23c. NAME OF CEMETERY OR CREMATORY Rose Elm Cemetery Wellington Mo.			23d. LOCATION (City, town, or county) (State) Wellington Mo.		
24. FUNERAL DIRECTOR George H. Green		ADDRESS Marshall		25. DATE RECD. BY LOCAL REG. 3-18-57		26. REGISTRAR'S SIGNATURE Reva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

7/11/31 112871

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. 42 working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George H. Green

Licensed Embalmer No. 42

P. O. Address Marsh

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.