

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31757

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3860

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		a. STATE MISSOURI		b. COUNTY JACKSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in lb 5 DAYS		c. CITY OR TOWN INDEPENDENCE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First ORVILLE		Middle ALLEN		Last CARMEAN		Month August Day 16 Year 1957	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JULY 20, 1893	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 64		11. BIRTHPLACE (City and state or country) OAK GROVE, MISSOURI	
13. FATHER'S NAME JOHN CARMEAN				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
14. MOTHER'S MAIDEN NAME EMILIE LONG				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I			
16. SOCIAL SECURITY NO. 496 03 2664				17. INFORMANT Official Records VA Hospital, 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) Myocardial infarction							INTERVAL BETWEEN ONSET AND DEATH 420"
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Duodenal ulcer							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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"/> 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		20g. COUNTY STATE	
21. Attended the deceased from August 11, 1957 to August 16, 1957 and died of MI Death occurred at 11:25 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE  (Degree or title) MD				22b. ADDRESS M. D. VA Hospital, K.C., Mo.		22c. DATE SIGNED 8-17-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-17-57		23c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery		23d. LOCATION (City, town, or county) (State) Buckner, Mo.	
24. FUNERAL DIRECTOR Geo. C. Carson & Sons Inc., Mo.			25. DATE RECD. BY LOCAL REG. 8-17-57		26. REGISTRAR'S SIGNATURE Neva Minshall		

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1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W. W. Woodward - M. D.

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed Richard R. Francis

Licensed Embalmer No. 78

P. O. Address Indy

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.