

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31760

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4126

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>Ver 119/1877/1647-1648</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>29 th And Blue Ridge 17 Yrs</u>		Length of stay in lb <u>17 Yrs</u>	d. STREET ADDRESS (If outside, give location) <u>1419 Collins</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Verlin</u> Middle <u>Kit</u> Last <u>Carson</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>1</u> Year <u>57</u>
5. SEX <u>0</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Oct 13/1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building Supt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Realty Gilgrison Co</u>	9. AGE (In years last birthday) <u>52 5 2</u> F UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Kit Carson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Higgins</u>	14. NAME OF HUSBAND OR WIFE <u>Francis Hobart</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-10-2952</u>	17. INFORMANT Address <u>Francis Carson 1419 Collins</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemiparesis</u> DUE TO (b) <u>Outerscleteric Hemiparesis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Geo C. Keefe M.D. Public Health Officer</u>		22b. ADDRESS <u>6627 Parkview Blvd</u>	22c. DATE SIGNED <u>9-1-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9/4/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NETAWAKA Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>NETAWAKA Kans.</u>
24. FUNERAL DIRECTOR <u>Sheil Funeral Home KCMo</u>		25. DATE RECD. BY LOCAL REG. <u>9-4-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
Geo. C. Keefe, M.D., Public Health Officer

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

HEALTH DEPARTMENT

CERTIFICATE OF DEATH

TO BE FILLED OUT BY THE EMBALMER

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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 Richard E. Carroll

Licensed Embalmer No. 4857

P. O. Address 1600

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.