

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40251**
Registrar's No. **5434**

FILED DEC 5 - 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Research Hospital 2 yrs**

STREET ADDRESS (If rural, give location) **370 4 St. John Street**

3. NAME OF DECEASED a. (First) **Mrs. Anna** b. (Middle) **Marie** c. (Last) **Carnes**

4. DATE OF DEATH **November 18, 1957**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **February 18, 1932**

9. AGE (In years last birthday) **25** IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Bendix**

10b. KIND OF BUSINESS OR INDUSTRY **Aviation Products Mfg.**

11. BIRTHPLACE (City and State or Foreign Country) **St. Joseph, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Dudalupe Salcedo**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Billy D. Carnes-37-4 St. John**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) **No**

16. SOCIAL SECURITY NO. **491-30-8700**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Billy D. Carnes 3704 St. John Ave. 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hepatitis, Acute, with marked degeneration; Unknown etiology.**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO **Marked hemodynamic disturbances; Lower nephron nephrosis, bilateral pyelonephritis.**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
64.25

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 1, 1957** to **Nov 18, 1957**, that I last saw the deceased alive on **Nov 18, 1957**, and that death occurred at **8:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Melvin Langhus M.D.** (Degree or title)

23b. ADDRESS **McKaysville, Mo**

23c. DATE SIGNED **11-18-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **11/20/1957**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Park**

24d. LOCATION (City, town, or county) (State) **St. Joseph, Missouri**

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE **11-18-57 neva Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **D. W. Newcomer's Sons No. Kansas City 16, Missouri**

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

2
K.P.

MAR 11 1958

1-00558

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 *John W. Kalsbeck*

Licensed Embalmer No. *4949*

P. O. Address *No. Kansas City*

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.