

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44272

STATE FILE NUMBER

FILED JAN 8 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

6029

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN S. Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in lb 37 yrs	d. STREET ADDRESS 5601 Paseo		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANK FLAVEL CARTER			4. DATE OF DEATH Month Day Year Dec 19 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 8-22-1875	9. AGE (In years, last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parts Dept. Mgr.		10b. KIND OF BUSINESS OR INDUSTRY International Harvester	11. BIRTHPLACE (City and state or country) Minneapolis, Minn.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Erbin Carter		13b. MOTHER'S MAIDEN NAME Dora Tiffany	14. NAME OF HUSBAND OR WIFE Helen Hayes Carter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-07-3046	17. INFORMANT Address Mrs. Helen Hayes Carter, 5601 Paseo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS - RIGHT POSTERIOR CEREBRAL ARTERY Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) 332X				INTERVAL BETWEEN ONSET AND DEATH 4 Weeks 30 days	
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 <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.) Home	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from 12-21-57 to 12-29-57 and last saw him alive on 12-18-57 Death occurred at 2 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) P. C. Quistgard M.D.			22b. ADDRESS 6222 Prospect Ave		22c. DATE SIGNED 12-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-21-57	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Hickman Mills, Mo.		
24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home Linwood & Woodland		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-20-57	26. REGISTRAR'S SIGNATURE Neva Marshall	

Securing this medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
P. C. Quistgard

V
2

STATEMENT BY LICENSED EMBALMER

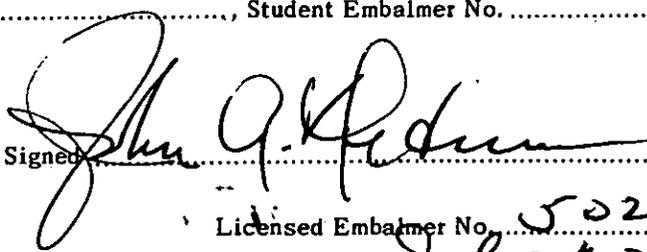
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by, Student Embalmer No.

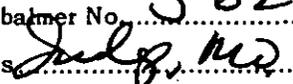
working under my personal supervision.

Student

Signature of Student Embalmer

Signed 

Licensed Embalmer No. 5025

P. O. Address 

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.