Health, Welfare Public Service

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FILED FEB 13 1958

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1182

Registration District No. 149 Primary Registration District No. 10a1 Registrar's No. 257

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Gen'l Hosp. #1 — Length of stay in 1b: 9 YEARS

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [XX] No [ ]
d. STREET ADDRESS (If outside, give location): 3425 Harrison — Reside on Farm: Yes [ ] No [XX]

**3. NAME OF DECEASED** (Type or print): First: John Middle: A. Last: Carre

**4. DATE OF DEATH** Month: 1 Day: 14 Year: 1958

**5. SEX:** MALE

**6. COLOR OR RACE:** WHITE

**7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

**8. DATE OF BIRTH:** JULY-19-1892

**9. AGE** (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): RETIRED - 1 YEAR - BRICKLAYER

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (City and state or country): BROWN COUNTY, KANSAS

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

**13a. FATHER'S NAME:** UNKNOWN CARRE

**13b. MOTHER'S MAIDEN NAME:** UNKNOWN

**14. NAME OF HUSBAND OR WIFE:** SALLY A. CARRE

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR I

**16. SOCIAL SECURITY NO.:** —

**17. INFORMANT:** MRS. SALLY A. CARRE — Address: 3425 HARRISON STREET KANSAS CITY, MISSOURI

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary infarction
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: [illegible]
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [XX]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
**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. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**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 Dec. 15, 1957, to Jan. 14, 1958 and last saw him alive on Jan. 14, 1958
Death occurred at 2:26 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): R. I. Burns, M.D.
**22b. ADDRESS:** 24th & Cherry
**22c. DATE SIGNED:** 1-14-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**23b. DATE:** JAN. 18-1958
**23c. NAME OF CEMETERY OR CREMATORY:** CALVARY CEMETERY
**23d. LOCATION** (City, town, or county) (State): KANSAS CITY MISSOURI

**24. FUNERAL DIRECTOR:** D.W. NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.
**25. DATE RECD. BY LOCAL REG.:** 1-17-58
**26. REGISTRAR'S SIGNATURE:** Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be noted. All diseases in Part I must be causally related.

B. I. Burns

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 Norman W. Thorson

Licensed Embalmer No. 4889

P. O. Address K.C., Mo.

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.