Health, Welfare Public Service

300 -57

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1185
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 176

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) VA HOSPITAL — Length of stay in 1b ~~136 DAYS~~ 17 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MAISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3805 Paseo — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ORVILLE Middle EUGENE Last CARTER

4. DATE OF DEATH Month Day Year January 10, 1958

5. SEX MALE
6. COLOR OR RACE NEGRO
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Sept 9, 1905
9. AGE (In years last birthday) 52 — 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) JANITOR
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) NORTH KANSAS CITY, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE Carter
13b. MOTHER'S MAIDEN NAME JENNIE DAVIS
14. NAME OF HUSBAND OR WIFE ********

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. Unk
17. INFORMANT Address Official Records, VA Hospital, K.c., Mo.

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) Bilateral Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) Diabetes Mellitus
INTERVAL BETWEEN ONSET AND DEATH 260 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardiovascular Disease
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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. VA attended the deceased from Aug 26, 1957, to Jan 10, 1958 and last saw her/him alive on
Death occurred at 2:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE ROBERT FLINNER, M. D. Robert Flinner M.D.
22b. ADDRESS VA Hospital, K. C. Mo
22c. DATE SIGNED 1-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1-15-1958
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Fort Leavenworth, Kansas

24. FUNERAL DIRECTOR ADDRESS Mrs. Meek's Mortuary, K.C. Mo.
25. DATE RECD. BY LOCAL REG. 1-13-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(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, etc. must be used in Part I must be causally related.
All diseases in Part I must be causally related.

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 Millard B. Paskes

Licensed Embalmer No. 5013

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.