

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036304
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4736

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|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City 81-508 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys | | Length of stay in 1b 1 Day | d. STREET ADDRESS (If outside, give location) 5037 Granada |
| 3. NAME OF DECEASED (Type or print) First Middle Last Josephine Barry Carter | | | 4. DATE OF DEATH Month Day Year Oct 4 1958 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan 1 1891 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 9. AGE (In years last birthday) 67 |
| 11. BIRTHPLACE (City and state or country) Sedalia, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME W. H. Henderson | | 13b. MOTHER'S MAIDEN NAME Mary Louise Eckler | 14. NAME OF HUSBAND OR WIFE C. L. Carter |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Mrs. W. F. Logan 5037 Granada, K C Kan |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perforated Duodenal Ulcer | | | INTERVAL BETWEEN ONSET AND DEATH 18 Hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | 5411 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Heart Disease | | | 19. WAS AUTOPSY PERFORMED? 1 YES NO <input type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <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.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from Sept 30 1958 , to Oct 4 1958 and last saw ^{her} alive on 10-4-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Edson C. Carrier, M.D.</i> (Degree or title) | | 22b. ADDRESS 242 Plaza Med, Bldg., | 22c. DATE SIGNED 10 6 1958 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct 8 1958 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem | 23d. LOCATION (City, town, or county) (State) Kansas City Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Gates Funeral Home Kan City Kan | | 25. DATE RECD. BY LOCAL REG. 10-8-58 | 26. REGISTRAR'S SIGNATURE <i>Irene Minshall</i> |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Edson C. Carrier



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 Paul R. Williamson

Licensed Embalmer No. 5007
P. O. Address 2 Iceland Pa

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.