

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039865
STATE FILE NUMBER

FILED NOV 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5076

300
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 KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2430 Brooklyn		Length of stay in lb 16 yrs.	
d. STREET ADDRESS 2430 Brooklyn		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DAVID Middle E. Last CARTER			4. DATE OF DEATH Month October Day 25 Year 1958
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 18, 1902
9. AGE (In years last birthday) 56 yrs.		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hostler		10b. KIND OF BUSINESS OR INDUSTRY Public Service Co.	11. BIRTHPLACE (City and state or country) Higginsville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Carter	
13b. MOTHER'S MAIDEN NAME Lillian Gordon		14. NAME OF HUSBAND OR WIFE Willa B. 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. 486-10-3753H	17. INFORMANT Address Willa B. Carter 2430 Brooklyn, Wife
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia			INTERVAL BETWEEN ONSET AND DEATH 4 M S
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Vascular hypertension, myocardial degeneration			5 years
DUE TO (c) Aortic aneurism Suetic			unknown
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 <input type="checkbox"/> 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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from August 1953 to Oct. 25, 1958 and last saw her alive on October 25-1958 Death occurred at 11:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Clarence S. Coffey</i>		22b. ADDRESS 1224 E 12 Street, K. C. Mo.	22c. DATE SIGNED 10-27-1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-30-58	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	23d. LOCATION (City, town, or county) (State) Kans. City, Missouri
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 10-28-58	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
Clarence S. Coffey USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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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 *Ernest J. Watkins*

Licensed Embalmer No. *4500*
P. O. Address *18th & Ben*

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.