

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013213
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2047

FILED MAY 13 1959

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1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Wynn Rest Home</u> INSTITUTION		Length of stay in lb <u>70 Yrs.</u>	d. STREET ADDRESS <u>2215 Flora</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Emma Carter</u>			4. DATE OF DEATH Month <u>4</u> Day <u>22</u> Year <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-23-1879</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>	11. BIRTHPLACE (City and state or country) <u>Abilene, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Richard Carpenter</u>	13b. MOTHER'S MAIDEN NAME <u>Polly Booker</u>
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-16-8556</u> 17. INFORMANT <u>Fred Carpenter</u> Address <u>1627 East 22nd</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 checked="" type="checkbox"/>
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.) <u>331X</u>	
20c. TIME OF INJURY Hour _____ 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Death occurred at <u>230 1954</u> to <u>4/22/59</u> and last saw her alive on <u>4/22/59</u> in on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D. S. Daigle, M.D.</u>		22b. ADDRESS <u>2122 Truman Rd</u>	22c. DATE SIGNED <u>4/24/59</u>
23a. BURIAL, CREMATION, etc. (Specify) <u>Burial</u>		23b. DATE <u>4-30-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>
		23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>	(State)
24. FUNERAL DIRECTOR <u>Lawrence A. Jones</u>		ADDRESS <u>2304 Vine</u>	25. DATE RECD. BY LOCAL REG. <u>4-24-59</u>
		26. REGISTRAR'S SIGNATURE <u>Neve Marshall</u>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

I. S. Daigle

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 *[Handwritten Signature]* Licensed Embalmer No. 442 P. O. Address 2304 [Handwritten 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.