

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021257

STATE FILE NUMBER

FILED JUL 8 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2920

300
1-57

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| 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 General Hospital | | d. STREET ADDRESS (If outside, give location) 514 1/2 Main St. | |
| 3. NAME OF DECEASED (Type or print) First AARON Middle SMITH Last CAREY | | 4. DATE OF DEATH Month 6 Day 13 Year 1959 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 12-21-1877 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Novelty Merch. | 9. AGE (In years birthday) 81 |
| 11. BIRTHPLACE (City and state or country) Irquois County, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Robert Carey | | 13b. MOTHER'S MAIDEN NAME Martha Wood | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Address K.C., Mo. Mr. Henry R. Carey: 3216 East 10th. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tuberc Pneumonia | | | INTERVAL BETWEEN ONSET AND DEATH 9026 |
| 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) fractured left femur | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell off stool in bathroom | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. 5-8-59 p.m. 11:00 | | 20f. CITY, TOWN, OR LOCATION K on Jackson mo | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home | |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Hugh H. Owens | | 22b. ADDRESS 1034 Rialto Bldg | |
| 22c. DATE SIGNED 6-16-59 | | 22d. SIGNER Neil Marshall | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 6-18-1959 | |
| 23c. NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery | | 23d. LOCATION (City, town, or county) (State) Pittsburg, Kansas | |
| 24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (S) K.C., MO. | | 25. DATE RECD. BY LOCAL REG. 6-16-59 | |
| 26. REGISTRAR'S SIGNATURE Neil Marshall | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 B. E. Weiler

Licensed Embalmer No. 4075

P. O. Address L. C. S. Ma.

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.