

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025037

FILED JUL 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3281

STATE FILE NUMBER

DED

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 Mo.		Length of stay in 1b 10 days	c. CITY OR TOWN Greenwood		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) North Edge of Town		
3. NAME OF DECEASED (Type or print) First DAVID Middle Le Roy Last CARLSON			4. DATE OF DEATH Month JULY Day 2 Year 1959			
5. SEX MALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-17-45	9. AGE (last birthday) 14 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of year) School Child		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Kansas City Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME C. Everett Carlson		13b. MOTHER'S MAIDEN NAME Marguerite Heuler		14. NAME OF HUSBAND OR WIFE *****		
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. None		17. INFORMANT Address C. Everett Carlson Greenwood Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Glomerular Nephritis					INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Broncho Pneumonia					3 days	
DUE TO (c) Uremia - from chronic Nephritis						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year						
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 February 7, 1959 to July 2, 1959 and last saw him her alive on July 2, 1959 Death occurred at 9:57 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Charles J. Eldridge M.D.			22b. ADDRESS 409 East 63rd St Kansas City, Mo.		22c. DATE SIGNED July 2-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 6, 1959	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery		23d. LOCATION (City, town, or county) (State) Lee's Summit, Mo.		
24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home Lee's Summit, Missouri			25. DATE RECD. BY LOCAL REG. 7-6-59	26. REGISTRAR'S SIGNATURE Neva Marshall		

DOCUMENT

BY AFFIDAVIT OF Charles J. Eldridge, M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed N. B. Langford Jr.

Licensed Embalmer No. 4960

P. O. Address Lee's Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.