

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039963

FILED VS DEC 10 1959 147

Primary Registration District No. 1002 Registrar's No. 5785

STATE FILE NUMBER

MEMORIALIZED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		Length of stay in lb <u>30 years</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside 2 Days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1115 E. 41st St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>OSCAR</u> Middle <u>Lee</u> Last <u>CARTER.</u>			4. DATE OF DEATH Month <u>11</u> Day <u>29</u> Year <u>59</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-27-86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>73</u> IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 24 HR: Hours <u> </u> Min. <u> </u>
11. BIRTHPLACE (City and state or country) <u>Sedalia Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Walter Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Eliza Hedges</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha CARTER.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-051953</u>	17. INFORMANT Address <u>Kansas City Missouri</u> <u>Mrs. Bertha Carter 1115 East 41 St</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>massive Coronary Thrombosis</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Senility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 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.)	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>1954</u> to <u>11-29-1959</u> and last saw her alive on <u>11/29/59</u> Death occurred at <u>7:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>James E. Griffin</u>		22b. ADDRESS <u>3900 Paces / KCMO</u>	22c. DATE SIGNED <u>11/30/59</u>
23a. MANNER OF CREMATION, BURIAL, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/1/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cole Camp Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>12-1-59</u>	26. REGISTRAR'S SIGNATURE <u>New Minshall</u>

DOCUMENT

BY AFFIDAVIT OF James E. Griffin, M.D. A. 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond M. Hardy

Licensed Embalmer No.

4913

P. O. Address

Indy, Mo.

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.