URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-010839
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1551

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN Kansas City
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 824 Ann (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Helen Middle M. Last Carson
4. DATE OF DEATH Month 3 Day 15 Year 60
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6/28/1895
9. AGE (last birthday) 64
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY US
13a. FATHER'S NAME E.O. Oxley
13b. MOTHER'S MAIDEN NAME Ella Brown
14. NAME OF HUSBAND OR WIFE Guy Carson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. –
17. INFORMANT Mrs. Evelyn Sargent Address K.C.K.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days
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) —
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ N. ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3/13/60 to 3/15/60 and last saw her/him alive on 3/15/60
Death occurred at 3:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. J. Leitch (Degree or title) MD
22b. ADDRESS 808 So. 15 Blue Springs
22c. DATE SIGNED 3/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3/16/60
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR ADDRESS Ralph Fulton, Kansas City, Kansas
25. DATE RECD. BY LOCAL REG. 3-16-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF C. Leitch

E. G. Carrier
Playa Medical Bld

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 Ralph Fullon

Licensed Embalmer No. 30

P. O. Address KC

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