

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 16 1960

-60-015203

2387

STATE FILE NUMBER

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

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		Length of stay in lb 53 years		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSP.			Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 125 SO KENSTINGTON		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ESTHER Middle P. Last CAREY				4. DATE OF DEATH Month APRIL Day 27, Year 1960						
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/18/1874	9. AGE (last birthday) 86	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) Homemaker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Lenoir North Carolina		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Filmore Presnell			13b. MOTHER'S MAIDEN NAME Nancy Crisp			14. NAME OF HUSBAND OR WIFE John F. Carey				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO			16. SOCIAL SECURITY NO. None		17. INFORMANT Kansas City Missouri Mrs. Ruth Beaumont 125 South Kensington					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Embolus to femoral artery</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>arteriosclerotic heart disease & post-infarction</i>					DUE TO (c)		3 mos.	
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 Month, Day, Year a.m. p.m.										
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 <i>1-2-60</i> to <i>4-27-60</i> and last saw her alive on <i>4-27-60</i> Death occurred at <i>7:10</i> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <i>Wilson H. Miller M.D.</i>				22b. ADDRESS <i>4622 Indep. Ave Kansas City Mo</i>				22c. DATE SIGNED <i>4-28-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <i>4/30/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Elmwood Cemetery</i>		23d. LOCATION (City, town, or county) <i>Kansas City Missouri</i>		(State)			
24. FUNERAL DIRECTOR <i>D.W. Newcomers Sons 1331 Brush Creek Blvd.</i>				25. DATE RECD. BY LOCAL REG. <i>4-29-60</i>		26. REGISTRAR'S SIGNATURE <i>Wera Marshall</i>				
Kansas City Missouri (Licensed Embalmer's Statement on Reverse Side)										

DOCUMENT

WILSON H. MILLER - MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *E. J. Nelson*

Licensed Embalmer No. 4442

P. O. Address Karsoo

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.