

**FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE  
 ORIGINAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-026185**

FILED VS AUG 11 1960

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 143

|   |   |   |  |  |  |  |  |   |
|---|---|---|--|--|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cass</b>  |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Mt Pleasant Township</b>  |   | Length of stay in 1b<br><b>28 Days</b>  |  | c. CITY OR TOWN <b>Raytown</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>328th USAF Hospital<br/>Richards-Gebaur AFB Mo</b>  |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location)<br><b>5900 Claremont</b>     |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Jessie</b> Middle <b>Leona</b> Last <b>Carter</b>  |   |   |  | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>5</b> Year <b>1960</b>  |  |  |  |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>Cau</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>5 May 1891</b>  | 9. AGE (last birthday)<br><b>69</b>  | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours _____ Min. _____             |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>NA</b>                                       |  | 11. BIRTHPLACE (City and state or country)<br><b>Knob Noster, Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |   |
| 13a. FATHER'S NAME<br><b>George T Duncan (Deceased)</b>   |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Cordelia A Salsbery (Deceased)</b>                   |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Willis F Carter</b>                                |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>487-16-0639</b>   |  | 17. INFORMANT<br><b>Elmer L. Clark</b>   |  | Address <b>5900 Claremont<br/>Raytown, Missouri</b>                                  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Bronchogenic Carcinoma Left Upper Lobe with</b><br><b>metastasis generalized</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>metastasis generalized</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 months</b> |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ s.m. _____ p.m. _____   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <b>8 July 1960</b> to <b>5 August 1960</b> and last saw her <b>300</b> alive on <b>5 August 1960</b><br>Death occurred at <b>2:08</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |  |  |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>M. H. FIELD CAPT USAF MC</b>   |   |   |  | 22b. ADDRESS<br><b>328th USAF Hospital<br/>Richards-Gebaur AFB, Mo</b>   |  | 22c. DATE SIGNED<br><b>5 Aug 60</b>  |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  | 23b. DATE<br><b>Aug 8, 1960</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt Olivet Cem</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>KANSAS CITY MO</b>   |  |  |  |   |
| 24. FUNERAL DIRECTOR<br><b>Sheil Colonial Chapel</b>  |   |   | ADDRESS<br><b>K.E. Mc...</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>Aug-8-1960</b>                          | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Ray Sebrae</b>                                  |  |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 11 1960

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

X or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas R. Seal

Licensed Embalmer No. 4954

P. O. Address K.C. 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.