

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026770

FILED VS AUG 8 1960

149

1002

3745

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ 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 Carrollton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 6 months	c. CITY OR TOWN CARROLLTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Queen of the World		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 530 Waterworks
3. NAME OF DECEASED (Type or print) First MARY Middle Last CARTER		4. DATE OF DEATH Month Day Year July 19, 1960	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-18-1905
9. AGE (last birthday) 55 yrs	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) Domestic		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state for country) Norborne, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Wesley Thompson	13b. MOTHER'S MAIDEN NAME Lucinda Cowans
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 492-14-1732
17. INFORMANT Rose Mary Harding		Address 3344 Olive Niece	
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>Occlusion of the descending branch of the left Coronary artery by thrombi.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis.</u> DUE TO (c) <u>Acute Myocardial infarction.</u>			INTERVAL BETWEEN ONSET AND DEATH 2-3
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Antemortum intraventricular mural thrombosis, Diabetes mellitus</u>			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 <u>7-18-60</u> to <u>7-19-60</u> and last saw her/him alive on <u>7-19-60</u> Death occurred at <u>3:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Bruce P. Mc Donald</i>		22b. ADDRESS 2604 Prospect, K.C. Mo.	22c. DATE SIGNED 20 July 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-20-60	23c. NAME OF CEMETERY OR CREMATORY Carrollton, Missouri	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 7-20-60	26. REGISTRAR'S SIGNATURE <i>Nevas Marshall</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Bruce P. Mc Donald

VS AUG 8 1960

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed Clifford J. Wood

Licensed Embalmer No. 3100

P. O. Address 1520 N. 1st

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