

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026771

FILED VS AUG 15 1960

149

Primary Registration District No. 1002

Registrar's No. 3937

STATE FILE NUMBER

INDEXED

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 1b 3 Months		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Hazelwood Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 204 West 50th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) NETTIE JANE CARTER				4. DATE OF DEATH Month July Day 30 Year 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/17/1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Xenia, Ohio		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME James B. Marshall			13b. MOTHER'S MAIDEN NAME Mary Anderson			14. NAME OF HUSBAND OR WIFE Chester G. Carter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Chester G. Carter, 204 W. 50th, K.C., Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Cochesia Ca. of the H. group - Meloslow Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Next of Chr. Lukewarm many years DUE TO (c) Next of Chr. Lukewarm many years							INTERVAL BETWEEN ONSET AND DEATH		
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 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 a.m. p.m.		Month, Day, Year							
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 April 1960 to July 30, 1960 and last saw her/him alive on July 30, 1960 Death occurred 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE S. M. Shapiro M.D. (Degree & title)				22b. ADDRESS 70 E 63 KCM.				22c. DATE SIGNED 8-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 2, 1960	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri				
24. FUNERAL DIRECTOR ADDRESS Freeman Mortuary, Kansas City, Missouri				25. DATE RECD. BY LOCAL REG. 8-1-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **S. M. Shapiro**

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 Clayton Burnes

Licensed Embalmer No. 4793

P. O. Address F. C. M.

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