

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034679

FILED VS SEP 20 1960

4532

STATE FILE NUMBER

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>JACKSON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in lb <u>2 DAYS 62 hrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Our Pines Retirement Home 3713 Hardy.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4041 Brooklyn Avenue</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH				
First <u>JOSEPH</u> Middle <u>(NONE)</u> Last <u>CAREY</u>			Month <u>September</u> Day <u>4</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <u>Married</u>	8. DATE OF BIRTH <u>5-19-1876</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Elevator opr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City hall</u>		11. BIRTHPLACE (City and state or country) <u>Cuba.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>EDWARD CAREY</u>			13b. MOTHER'S MAIDEN NAME <u>JOHANNA RYAN</u>		14. NAME OF HUSBAND OR WIFE <u>LENA CAREY</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-36-8001</u>		17. INFORMANT <u>MRS. LENA CAREY, 4041 BROOKLYN, K.C.MO.</u>			
Address							

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>	<u>1 Day</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral + Gen. Arteriosclerosis</u>	<u>10 yrs</u>	
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of Stomach 1 yr.</u>		PART III. If deceased was female was there a pregnancy in last 90 days.	
		<input type="checkbox"/> Yes <input type="checkbox"/> N. <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 Sept. 3, 1960 to Sept. 4, 1960 and last saw him alive on Sept. 4, 1960
 Death occurred at 2:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>A. D. Eshelman M.D.</u>	22b. ADDRESS <u>9306 E New 40 Hwy Independence, MO</u>	22c. DATE SIGNED <u>9.6.60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>SEPT. 6, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>
23d. LOCATION (City, town, or county) <u>KANSAS CITY, MISSOURI</u>		(State)

24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS 1331 BRUSH CREEK BLVD</u>	25. DATE RECD. BY LOCAL REG. <u>9-6-60</u>	26. REGISTRAR'S SIGNATURE <u>H-L. Dwyer</u>
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BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION A. D. Eshelman

Dr. A. D. Eshelman
9306 N.E. New Hope Hwy.
Fl. 6-2000

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. C. Gibson

Licensed Embalmer No. 4137
Excelsior Springs, Mo

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.