

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001284

FILED VS FEB 8 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 316

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in 1b <b>1 Day</b>	c. CITY OR TOWN <b>Lake Lotowana</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Y 36</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b> BENNETT</b> Middle <b> CLARK</b> Last <b> CARTER</b>			4. DATE OF DEATH Month <b> Jan.</b> Day <b> 17,</b> Year <b> 1961</b>			
5. SEX <b> Male</b>	6. COLOR OR RACE <b> White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b> 6-12-1900</b>	9. AGE (last birthday) <b> 60</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b> Zone Manager, Chevrolet Motor Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b> Belleville, N. J.</b>	12. CITIZEN OF WHAT COUNTRY <b> U. S. A.</b>	
13a. FATHER'S NAME <b> Bennett Cook Carter</b>		13b. MOTHER'S MAIDEN NAME <b> Mamie Roquemore</b>		14. NAME OF HUSBAND OR WIFE <b> Marvelle Carter</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b> NO</b>		16. SOCIAL SECURITY NO. <b> 195-07-8033</b>	17. INFORMANT Address <b> Mrs. Marvelle Carter, Lake Lotowana, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b> Coronary Occlusion acute</b>					INTERVAL BETWEEN ONSET AND DEATH <b> 1 day</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			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 _____ 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 <b> Jan. 17, 1961</b> , to <b> Jan. 17, 1961</b> and last saw him alive on <b> 1-17-61</b> Death occurred at <b> Kansas City, Mo 7:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b> Clint J. Miller MD</b> (Degree or title)			22b. ADDRESS <b> Lees Summit Mo</b>		22c. DATE SIGNED <b> 1-19-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b> Removal</b>	23b. DATE <b> 1-20-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b> Westview Cemetery</b>	23d. LOCATION (City, town, or county) <b> Atlanta, Georgia</b>		(State)	
24. FUNERAL DIRECTOR <b> Freeman Mortuary</b> ADDRESS <b> Kansas City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b> 1-19-61</b>	26. REGISTRAR'S SIGNATURE <b> Ruth Long</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 SHOULD READ  
 ITEM NO.

Am Clint L. Miller  
18 E. 3rd  
Leeds Summit Mo  
BR 1-1366

**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,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed J. H. Freeman

Licensed Embalmer No. 2939  
P. O. Address F. 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.