

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-017336

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2439

**FILED JUN 5 1961**

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City  
 c. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Jackson  
 c. CITY OR TOWN Kansas City  
 d. STREET ADDRESS (If outside, give location) 1721 Lydia

3. NAME OF DECEASED (Type in print)  
 First Middle Last (Infant male) Carter  
 SEX male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 5/15/61 9. AGE (last birthday) 1 IF UNDER 1 YEAR: Months 1 Days 1 IF UNDER 24 HR: Hours 1 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTH PLACE (City and state or country) Kansas City, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME none 13b. MOTHER'S MAIDEN NAME Gladys Carter 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Gladys Carter Address 1721 Lydia

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Immature birth - neonatal death  
 DUE TO (b) death  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 5/15/1961 to 5/15/1961 and last saw him alive on 5/15/1961  
 Death occurred at 10:05 a.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 22b. ADDRESS Gen Hosp 2400 Cherry St 22c. DATE SIGNED 5/17/61

23a. BURIAL, CREMATION, OR DISPOSAL (Specify) burial 23b. DATE 5-19-61 23c. NAME OF CEMETERY OR CREMATORY Leeds 23d. LOCATION (City, town, or county) Kansas City, MO (State) \_\_\_\_\_

24. FUNERAL DIRECTOR Frank Ellis ADDRESS NC MO 25. DATE RECD. BY LOCAL REG. 5-18-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

**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 Not Embalmed, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed Ann A. Schuyler

Licensed Embalmer No. 3089

P. O. Address KE M

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.