SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-017338

STATE FILE NUMBER

AMENDED

FILED JUN 12 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2628

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 12 YRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) GENERAL HOSPT. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 519 E 9th ST. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First OSCAR Middle Last CARTER
4. DATE OF DEATH Month Day Year 5-25-61

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 1-2-03
9. AGE (last birthday) 57 — 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) HOTEL WORKER
10b. KIND OF BUSINESS OR INDUSTRY DESK CLERK
11. BIRTHPLACE (City and state or country) BROOKLINE MO
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME DR. O. N. CARTER
13b. MOTHER'S MAIDEN NAME ANNIE HOSEY
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
17. INFORMANT JACKSON COUNTY CORONER Address KCMO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) multiple skull fractures, massive
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) subdural hemorrhage, broncho pneumonia
DUE TO (c) resulting from blow to head.
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. ☐ 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.) Manually was struck on head

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 5-18-61 — Into heavy object

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 Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo. W. Kealhofer Mo Deputy Coroner
22b. ADDRESS 6627 Prospect Kansas
22c. DATE SIGNED 5-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 5-26-61
23c. NAME OF CEMETERY OR CREMATORY EVERGREEN
23d. LOCATION (City, town, or county) SPRINGFIELD (State) MO.

24. FUNERAL DIRECTOR H. TIGERMAN & SONS ADDRESS KC MO.
25. DATE RECD. BY LOCAL REG. 5-27-61
26. REGISTRAR'S SIGNATURE Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1961

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 Warren R Ellis

Licensed Embalmer No. 5018

P. O. Address Mission Kan

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.