ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-025080
STATE FILE NUMBER

AMENDED

FILED JUL 26 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3324

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: 50 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3215 Campbell St — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo — b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 720 East 67 St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Etta — Middle — Last Carter
4. DATE OF DEATH: Month June — Day 28 — Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-4-1874
9. AGE (last birthday): 87 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Vernon County, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: Henry Wallace
13b. MOTHER'S MAIDEN NAME: Sally Slack
14. NAME OF HUSBAND OR WIFE: Richard R. Carter, dec
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Frances Powers, K. C. Mo. — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 9 days
DUE TO (b) Arteriosclerotic Heart Disease — several yrs.
DUE TO (c) General (& Cerebral) Arteriosclerosis — many yrs.
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): Senile Dementia

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 July 2-1956, to June 25, 1961 and last saw her/him alive on June 25, 1961
Death occurred at 10:40P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold M. Roberts, M.D.
22b. ADDRESS: 1103 Grand, K.C. 6 Mo.
22c. DATE SIGNED: 6-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-2-61
23c. NAME OF CEMETERY OR CREMATORY: Dunnegan Grove
23d. LOCATION (City, town, or county) (State): Vernon County Mo.
24. FUNERAL DIRECTOR — ADDRESS: Wagner Funeral Home, K. C. Mo.
25. DATE RECD. BY LOCAL REG.: 7-4-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

Harold M. Roberts

Dec 1-1931
Tuesday 1:30 PM

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 Alvin R. Hausschelt

Licensed Embalmer No. 4159

P. O. Address K. 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.