

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038622

5191

STATE FILE NUMBER

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

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 25 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Ruth Yohe

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Length of stay in lb <u>13 days</u> | c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Children's Mercy Hosp</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>2913 Roosevelt</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Robin</u> Middle <u>Jay</u> Last <u>Carnahan</u> | | | 4. DATE OF DEATH Month <u>10</u> Day <u>12</u> Year <u>62</u> |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-23-62</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>child</u> | 9. AGE (last birthday) IF UNDER 1 YEAR: Months <u>3</u> Days <u>19</u> IF UNDER 24 HR: Hours <u> </u> Min. <u> </u> |
| 11a. BIRTHPLACE (City and state or country) <u>Kansas City, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Jame Robert Carnahan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Loyce Grabeal</u> | |
| 14. NAME OF HUSBAND OR WIFE <u> </u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u> </u> | |
| 16. SOCIAL SECURITY NO. <u> </u> | | 17. INFORMANT <u>mother 2913 Roosevelt</u> Address <u>Kansas City, Ks</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BACTERIAL MENINGITIS</u> | | | 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) <u>Bronchopneumonia, Bact</u> | | | 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 <u> </u> a.m. <u> </u> p.m. | Month, Day, Year <u> </u> <u> </u> <u> </u> | 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 <u>9-30-62</u> to <u>10-12-62</u> and last saw ^{him} <u> </u> alive on <u>10-12-62</u> . Death occurred at <u>930 A m</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Ruth Yohe M.D.</u> | | 22b. ADDRESS <u>1710 Independence Ave</u> | 22c. DATE SIGNED <u>10-12-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 23b. DATE <u>10-12-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas.</u> |
| 24. FUNERAL DIRECTOR <u>Warnick Eads.</u> ADDRESS <u>Kansas City Kansas.</u> | | 25. DATE RECD. BY LOCAL REG. <u>10-13-62</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> |

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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 John W. Hildenspinger

Licensed Embalmer No. 50578

P. O. Address Kansas City, Kansas

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.