

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40618

State File No. 5527

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
c. LENGTH OF STAY (in this place) 31 YRS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 2538

d. FULL NAME OF HOSPITAL OR INSTITUTION WARWICK NURSING HOME

d. STREET ADDRESS (If rural, give location) 3800 WAYNE AVENUE 0

3. NAME OF DECEASED (Type or Print) a. (First) CHARLOTTE b. (Middle) JANE c. (Last) CARLSON
4. DATE OF DEATH (Month) (Day) (Year) DEC-27-1950

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH FEB 28 1968 9. AGE (In years last birthday) 82

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) MONTROSE, IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME JAMES CODE 13b. MOTHER'S MAIDEN NAME CLARA ROBISON 14. NAME OF HUSBAND OR WIFE AUGUST CARLSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS RAYMOND CARLSON 3800 WAYNE AVE. KANSAS CITY, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suiis decessoria
INTERVAL BETWEEN ONSET AND DEATH 4 yrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) Arterio Sclerosis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
45

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC 1946 to DEC 1950, that I last saw the deceased alive on 12/26, 1950, and that death occurred at 7:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. E. Ball (Degree or title) M.D. 23b. ADDRESS 1102 E. 67 23c. DATE SIGNED 12/29/50

24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL 24b. DATE DEC 30 1950 24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 12-31-50 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.H. Newcomer 1331 BROWN CREEK BLVD KANSAS CITY, MO

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Basil Honey*

Licensed Embalmer No. *4724*

P. O. Address *Ashland, 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 this body is not embalmed, fact should be so stated above.