No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 15 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 16455
Registrar's No. 2194

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2612 E. 33rd St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 2612 E. 33rd St.

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**3. NAME OF DECEASED** (Type or Print)
a. (First): ZORA
b. (Middle): B.
c. (Last): CARNEY

**4. DATE OF DEATH** (Month) (Day) (Year): May 20, 1951

**5. SEX**: F 1
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Dec. 25, 1867
**9. AGE** (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): At home
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: David McMillan
**13b. MOTHER'S MAIDEN NAME**: Violleta King
**14. NAME OF HUSBAND OR WIFE**: George F. Carney

**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'S SIGNATURE OR NAME — ADDRESS**: Earl E. Carney, 1406 W. 28th, Indep., Mo.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) General Arteriosclerosis
DUE TO (c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

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**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* April 4, 1951, *to* May 19, 1951, *that I last saw the deceased alive on* May 19, 1951, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Edward C. Teubel (Degree or title): Edward C. Teubel M.D.
**23b. ADDRESS**: 4304 Troost K C Mo
**23c. DATE SIGNED**: May 21/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal 4
**24b. DATE**: 5/22/51
**24c. NAME OF CEMETERY OR CREMATORY**: Pleasant Ridge
**24d. LOCATION** (City, town, or county) (State): Weston, Missouri

DATE REC'D BY LOCAL REG.: 5-22-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: STINE & McCLURE, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. C. Teubel
4304 Troost
Je. 4924

Aft 2:00

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 .....
Student Embalmer

Signed S. J. Allen

Licensed Embalmer No. 1415

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 this body is not embalmed, fact should be so stated above.