

FILED JUN 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16949

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 61

048

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Blue Springs Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Blue Springs</u> <u>0480</u>	
c. LENGTH OF STAY (in this place) <u>75 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>RR 1</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, RR 1-BLUE SPRINGS</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Margaret</u>	b. (Middle) <u>Ellen</u>	c. (Last) <u>Carson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1951</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 31, 1871</u>	9. AGE (in years last birthday) Months Days Hours Min. <u>80</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (State or foreign country) <u>Oak Grove, Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Edward Speck</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Speck</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Carson (deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. S. Carson RR 1, Blue Springs, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>High pulmonary Congestive Lung</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer</u> DUE TO (c) <u>Malignancy of Spleen</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>2002</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 11, 1951, to May 20, 1951, that I last saw the deceased alive on May 20, 1951, and that death occurred at 8:30A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. R. Riche M.D.</u>	23b. ADDRESS <u>Independence Mo.</u>	23c. DATE SIGNED <u>5/21/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May 22, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-22-51</u>	REGISTRAR'S SIGNATURE <u>Edward C. Emswiler</u> <u>378</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Bob Carson</u>	ADDRESS <u>Independence, Mo.</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
Student Embalmer

Signed *John W. Heiman*.....

Licensed Embalmer No. *4204*.....

P. O. Address *Independence, 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.