

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31168

State File No. ....

FILED SEP 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 59

291  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>4 months</b>		3178	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>317 N. Camden Street</b>		d. STREET ADDRESS (If rural, give location) <b>2214 East Eleventh Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FRANCES</b>	b. (Middle) <b>ANN</b>	c. (Last) <b>CAREY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 3, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 28, 1875</b>	9. AGE (In years last birthday) <b>76</b>	# UNDER 1 YEAR Months <b>6</b>	# UNDER 2 Hrs. Days <b>5</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Postal Emp.</b>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Thomas Hunter</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Whitsett</b>	14. NAME OF HUSBAND OR WIFE <b>William Carey</b>
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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) -----	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mattie Triplett, Richmond, Mo.</b>
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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) <b>Uremia</b>		<b>24 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive Heart failure</b> DUE TO (c) <b>Cardio-vascular-renal disease</b>		<b>1 mo.</b>
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) <b>442 X</b>
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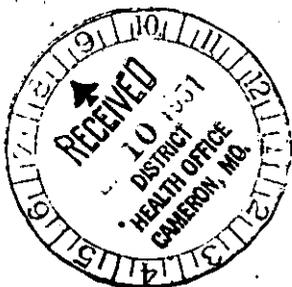
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) -----	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? -----
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22. I hereby certify that I attended the deceased from 6/22, 1951, to 9/3, 1951, that I last saw the deceased alive on 9/3, 1951, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>Richmond, Mo.</b>	23c. DATE SIGNED <b>9/5/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-5-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunny Slope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Richmond, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Sept 7-1951</b>	REGISTRAR'S SIGNATURE <b>Mabel Jackson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas J. Carter Richmond, Mo</b>
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SEP 26 1951

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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 \_\_\_\_\_

*Thomas J. Carter*

Licensed Embalmer No. \_\_\_\_\_

*4474*

P. O. Address \_\_\_\_\_

*Richmond, Md*

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.