No. 300
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FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8304
1286

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

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): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, 1305 Fremont

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): 1305 Fremont

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3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): F
c. (Last): Carter

4. DATE OF DEATH (Month) (Day) (Year): March 16, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 5, 1866
9. AGE (In years last birthday): 85 — 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): Retired Sta. Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Power Plant
11. BIRTHPLACE (City and State or Foreign Country): Fulton County, Ark.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Carter
13b. MOTHER'S MAIDEN NAME: Paralee Williams
14. NAME OF HUSBAND OR WIFE: Flora A. Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 493-14-4369
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Patricia Standiford, Kansas City, 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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3/12/52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Vascular Accident — 3/13/52
DUE TO (c) Carcinoma of Caecum — 5 to 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 153X

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): ~~Kansas City Jackson Mo.~~
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* Feb 25, 1952, *to* March 16, 1952, *that I last saw the deceased alive on* March 15, 1952 *and that death occurred at* 4:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert R. Tokens — (Degree or title): D.O.
23b. ADDRESS: 318 Blue Ridge
23c. DATE SIGNED: 3-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/20/52
24c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cem.
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 3-18-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Geo. C. Carson — Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Dean W. Huff, Student Embalmer No. 446, working under my personal supervision.

Student Dean W. Huff
Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.