

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

21506

State File No.

FILED JUL 15 1952

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

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wagonette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Humansville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Kansas</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>3021 Lanow</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Geo. Dimmitt Memo Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ira</u> b. (Middle) <u>Leslie</u> c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-4-52</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-25-17</u>
9. AGE (In years last birthday) <u>34</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hylo for Ford motor</u>	11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Missouri</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Paris Keith Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle Almo Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>Bryline Edding</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>720-09-0429</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chester Carter</u>	
18. CAUSE OF DEATH Enter 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.		19. ADDRESS <u>Henrietta, Mo.</u>	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injured in automobile accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Fractured Skull</u>	
		DUE TO (c) <u>Spinal Cord Severed. (Cervical)</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 <u>u3b E8234 32</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 13</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Clair Mo.</u>	
21d. TIME OF INJURY <u>7-4-52 4:30 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>automobile left Road & Turned over</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>7-4</u> , 19 <u>52</u> , and that death occurred at <u>4:00 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Robinson</u>		23b. ADDRESS <u>M. D. Humansville, Mo.</u>	
23c. DATE SIGNED <u>7/5/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	
24b. DATE <u>July 4-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u>	
DATE REC'D BY LOCAL REG. <u>July 7, 1952</u>		REGISTRAR'S SIGNATURE <u>Ralph Gorden per J. D. [unclear]</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Thomas J. Carter</u>			

2001 15 1001

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.