

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39062**

**NOV 28 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY <b>Jackson County</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>Rural Prarie</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>23 days</b>		3578	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3817 Mersington</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Edward</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Carlson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 4, 1952</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Oct. 23, 1897</b>	9. AGE (In years last birthday) <b>55</b>	10. MONTHS <b>5</b>	11. DAYS <b>5</b>	12. HOURS <b>5</b>	13. MIN. <b>5</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cafe Proprietor</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Carl W. Carlson</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Walgreen</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>494.12-8468</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. W. Carlson</b>	ADDRESS <b>3817 Mersington, KC, 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>Metastatic Carcinoma of the Lungs</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of the Prostate</b> DUE TO (c)		
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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 10-13-1952, to 11-4-1952, that I last saw the deceased alive on 11-3-1952, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>S. Suarez-Reynon</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1032 Proj. Bldg. K.C. Mo.</b>	23c. DATE SIGNED <b>11/5/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-6-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE RECD BY LOCAL REG. <b>Nov. 6, 1952</b>	REGISTRAR'S SIGNATURE <b>Donald C. Emswiler</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mellody-McGilley-Eylar</b>	ADDRESS <b>Kansas City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4880

DEC 1 1952

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.

*Glen E. Heck*

Signed \_\_\_\_\_

Student .....  
Student Embalmer

Licensed Embalmer No. *4063*

P. O. Address *R. E. 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.