

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5782**
Registrar's No. **1053**

BIRTH-NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 20 YRS		d. STREET ADDRESS (If rural, give location) 619-E-14th ST. 3410	
d. FULL NAME OF HOSPITAL OR INSTITUTION 619-E-14th ST			

3. NAME OF DECEASED (Type or Print) a. (First) JOSHUA b. (Middle) _____ c. (Last) CARTER			4. DATE OF DEATH (Month) (Day) (Year) 2-2-1953		
5. SEX MALE		6. COLOR OR RACE COL.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DON'T KNOW	
8. DATE OF BIRTH 1884		9. AGE (In years last birthday) 68		10. UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) TEXAS		12. CITIZEN OF WHAT COUNTRY? USA		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		11. BIRTHPLACE (City and State or Foreign Country) TEXAS		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME DON'T KNOW		13b. MOTHER'S MAIDEN NAME DON'T KNOW		14. NAME OF HUSBAND OR WIFE UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME MRS. SANDERS ADDRESS 619-E-14th ST	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute Coronary Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 420	
		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 Fracture of femur		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thos. A. Brady, M.D.		23b. ADDRESS 1617 E 12th St		23c. DATE SIGNED 2/2/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		24b. DATE 2-19-53		24c. NAME OF CEMETERY OR CREMATORY WESTLAWN	
24d. LOCATION (City, town, or county) (State) KANS. CITY, KANS.		25. FUNERAL DIRECTOR'S SIGNATURE BRADY-BROWN - K. P. M.		ADDRESS _____	
DATE REC'D BY LOCAL REG. 2-19-53		REGISTRAR'S SIGNATURE Heraldine Smith			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John R. Sidman

Licensed Embalmer No. 4531

P. O. Address Kansas City, 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.