

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24683**  
Registrar's No. **3719**

FILED **AUG 13 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Jackson</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>Jackson</b>
b. CITY OR TOWN <b>Kansas City, Missouri</b>	c. LENGTH OF STAY (In this place) <b>40 YRS.</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3538 N. 53 3822 Virginia</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>Charlotte</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Carey</b>	<b>7 28 53</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b>	<b>9. AGE</b> (In years last birthday)	<b>10. CITIZEN OF WHAT COUNTRY?</b>
		<b>Widowed 2</b>	<b>Sept. 13, 1892</b>	<b>60</b>	<b>USA</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country)	
<b>Housewife</b>		<b>Home</b>		<b>Kansas City, Kansas</b>	

<b>13a. FATHER'S NAME</b>	<b>13b. MOTHER'S MAIDEN NAME</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
<b>James McGee</b>	<b>MARIARET A. FANEY</b>	<b>Martin J. Carey</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b>
<b>No</b>	<b>None</b>	<b>Mrs. J. G. Killegar-3536 McGee.</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute heart failure</b>			<b>72 hrs.</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Hypertensive heart disease</b>			<b>5 years +</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Rt. side hemiplegia</b>			<b>443x</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		
<b>20. AUTOPSY?</b>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from June, 1950, to 28 July, 1953, that I last saw the deceased alive on 27 July, 1953, and that death occurred at A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>W. W. Gist</b> (Degree or title) <b>MD</b>	<b>23b. ADDRESS</b> <b>R. C. Co. 1103 Grand</b>	<b>23c. DATE SIGNED</b> <b>28 July 53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>7-30-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-28-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Shalding Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Melody-McGillay-Eylar</b>	<b>ADDRESS</b> <b>1800 E. Linwood</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

CHREY  
At. William Diet  
1600 Prof Bldg.  
after 1.00 Tues.  
vi 8665

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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.....  
Signature of Student Embalmer

Signed..... *Melvin Barton*

Licensed Embalmer No. *4903*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.