

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35794

State File No.

FILED OCT 28 1953

 BIRTH NO. 60179 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4724

1. PLACE OF DEATH a. COUNTY <u>Jackson Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>											
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>30 Days</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>44 2929 Main</u>											
3. NAME OF DECEASED (Type or Print) <u>Robert Carnahan</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>9 30 53</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>8-28-53</u>		9. AGE (In years last birthday) <u>4</u>		10. UNDER 1 YEAR Days <u>1</u> Hours <u>2</u>		11. UNDER 24 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Willow Hospital, K.C. Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Willa Carnahan</u>				14. NAME OF HUSBAND OR WIFE <u>None Baby Deaf</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Willow Hospital, 2929 Main, K.C. Mo</u>				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Uremia</u>								7573			
				ANTECEDENT CAUSES											
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Overwhelming Sepsis</u> DUE TO (c) <u>Peri nephritic Abscess</u> <u>(c) CONGENITAL HYDRO NEPHROSIS</u>											
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								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) m.				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 <u>8-31-1953</u> , to <u>9-30-1953</u> , that I last saw the deceased alive on <u>9-30-1953</u> and that death occurred at <u>5:14 a. m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE <u>Charles J. Eldridge</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>6247 Brookside Blvd</u>				23c. DATE SIGNED <u>9-30-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>Oct 1, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>					
DATE REC'D BY LOCAL REG. <u>10-1-53</u>				REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelba Funeral Home - 6315 Pennwood</u>				ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

Not
2644
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by me, or by Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas E. Wilks

Licensed Embalmer No. 2644

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