

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8548

State File No. 1205
Registrar's No. 1205

FILED APR 7 1954
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) 30 yrs		d. STREET ADDRESS (If rural, give location) 2322 Woodland Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2322 Woodland Avenue		d. STREET ADDRESS 2322 Woodland Avenue	

3. NAME OF DECEASED a. (First) Irving b. (Middle) Carter c. (Last) Carter			4. DATE OF DEATH (Month) (Day) (Year) Mar. 15, 1954			
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 02/23/1899	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Clothing store		11. BIRTHPLACE (State or foreign country) Campton, La.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Carter		13b. MOTHER'S MAIDEN NAME Sarah Bates		14. NAME OF HUSBAND OR WIFE Mrs. Felice Carter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes World War I		16. SOCIAL SECURITY NO. 486-05-0268		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Felice Carter, 2322 Woodland	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			157X
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia			1 wk.

19a. DATE OF OPERATION 12-10-53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas with metastasis			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 **9-30, 1953, to 3-15, 1954**, that I last saw the deceased alive on **3-15, 1954**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ronald S. Ferguson M.D. (Degree or title)		23b. ADDRESS 2120 East 16th St K.C. Mo		23c. DATE SIGNED 3-17-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/20/54	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	

DATE REC'D BY LOCAL REG. 3-18-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS West, Appleton & Jones, Inc., 1905/	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 7 1951

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 Conrado G. Galdys Ballarín

Licensed Embalmer No. 4944

P. O. Address 1905 Vine St

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.