

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9061

State File No.

FILED APR 2 1954 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>rural Blue</u>)	c. LENGTH OF STAY (in this place) <u>2 months</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? <u>no</u> Yes <input 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>Residence, 19 S. Ash St.</u>		e. STREET ADDRESS (If rural, give location) <u>19 S. Ash St. Rural Blue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Carter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 26, 1954</u>
--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 31, 1866</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 6 HRS. Hours <u> </u> Min. <u> </u>
---------------------------	--------------------------------------	--	---	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Montavallo, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	--

13a. FATHER'S NAME <u>John P. Carter</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Shock</u>	14. NAME OF HUSBAND OR WIFE <u>Ida L. Carter</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>Mrs. Ida L. Carter, Kansas City, Mo.</u>	ADDRESS
--	--	--	----------------

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 <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>stenosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auriculo-fibrillation</u>			<u>2 months</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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 Feb 1954 to Mar 26, 1954, that I last saw the deceased alive on Feb 27, 1954, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Fred W. Link, M.D.</u>	23b. ADDRESS <u>229 Independence KC Mo.</u>	23c. DATE SIGNED <u>3/27/54</u>
---	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/30/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bolivar, Mo.</u>
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-30-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	354	FUNERAL DIRECTOR'S SIGNATURE <u>Job. Garam</u>	ADDRESS <u>Independence, Mo.</u>
--	---	------------	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Harold E. Keedrel*.....

Licensed Embalmer No. *463*

P. O. Address *Indep. 7*

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.