

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12345

BIRTH NO. FILED MAY 3 1957		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5568		Registrar's No. 157			
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 Sugar Creek		c. LENGTH OF STAY (In this place) 35 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sugar Creek		7000			
d. FULL NAME OF HOSPITAL OR INSTITUTION 919 North High Street				d. STREET ADDRESS (If rural, give location) 919 North High Street					
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) M.		c. (Last) Carter		4. DATE OF DEATH (Month) (Day) (Year) April 20, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 7, 1889		9. AGE (In years last birthday) 65	10. UNDER 1 YEAR 0	11. UNDER 1 YEAR 13		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Oscar G. Carter			13b. MOTHER'S MAIDEN NAME Anna Conger		14. NAME OF HUSBAND OR WIFE Anna M. Carter				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War I 491-09-0295		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna M. Carter		18. ADDRESS 919 N. High St. Sugar Creek, Mo.			
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 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) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 1/2 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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 <u>7 NOV, 1953</u> to <u>20 April 1954</u> , that I last saw the deceased alive on <u>7 April, 1954</u> , and that death occurred at <u>2:05 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. Saunders M.D.</u>				23b. ADDRESS <u>Independence</u>		23c. DATE SIGNED <u>4/21/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-22-54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 4-22-54		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS Indep., Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1954

MAY 4 1954

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 Ray S. Shelton
Licensed Embalmer No. 4700

P. O. Address Independence, Missouri

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.