

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18836**
2552

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

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 town) <u>Kansas City</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"/>
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>514 E. 9</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Carter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 7 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>5 - 18 - 1886</u>		9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired coal miner</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	

13a. FATHER'S NAME <u>Franklin A. Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Frances E. Steva</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>	
--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-01-5534</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora M/ Alder, Richmond, Mo.</u>		ADDRESS	
---	--	--	--	--	--	---------	--

18. DATE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>				<p>420</p>	
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		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 May 27, 19 54, to June 7, 19 54, that I last saw the deceased alive on June 7, 19 54, and that death occurred at 5:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B.I. Burns</u> (Degree or title)		23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>6-7-54</u>	
--	--	---------------------------------------	--	--------------------------------	--

24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>6-9-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Todd Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County, Mo.</u>	
---	--	-------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>6-7-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas G. Carter</u>		ADDRESS <u>Richmond, Mo.</u>	
--	--	--	--	--	--	------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

R. M. E.

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 *Thomas J. Carter*

Licensed Embalmer No. *447*

P. O. Address *Richmond*

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.