

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33821**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar 4665	
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) Kansas City		c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				STREET ADDRESS (If rural, give location) 3403 Wyandotte		2478	
3. NAME OF DECEASED (Type or Print) a. (First) Richard		b. (Middle) Lester		c. (Last) Carey		4. DATE OF DEATH (Month) (Day) (Year) 10 5 1954	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 2 - 24 - 1903	
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 12 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant				10b. KIND OF BUSINESS OR INDUSTRY Service Station		11. BIRTHPLACE (City and State or Foreign Country) / Prairie Center, Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Daniel W. Carey		13b. MOTHER'S MAIDEN NAME Bertha E. Burnell		14. NAME OF husband WIFE Delia Carey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Peace time		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Delia Carey K.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of penis and scrotum with abdominal abscesses 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Oct. 4</u> , 19 <u>54</u> , to <u>Oct. 5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct. 5</u> , 19 <u>54</u> , and that death occurred at <u>5:15A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE B.I. Burns (Degree or title) <i>B.I. Burns, M.D.</i>				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 10-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 10 - 8 - 1954		24c. NAME OF CEMETERY OR CREMATORY Waverly, Kansas		24d. LOCATION (City, town, or county) (State) Waverly Kansas	
DATE REC'D BY LOCAL REG. 10-7-54		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Werner Mortuary K.C.K.			

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

57. 31

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... *A C Werner*

Licensed Embalmer No. *2579*

P. O. Address *Kansas City*

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.

WERNER MORTUARY