FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 41388

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5556

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2743 Madison — Length of stay in Hospital 65 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 2743 Madison — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First JAMES Middle Mc DONALD Last CARTER

4. DATE OF DEATH Month DEC. Day 21 Year 1956

5. SEX Male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH June 24, 1884
9. AGE (In years last birthday) 72 — 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) Retired Brewery Tr. Driver
10b. KIND OF BUSINESS OR INDUSTRY Beer Distrib.
11. BIRTHPLACE (City and state or country) Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Isaac Mc Donald Carter
14. MOTHER'S MAIDEN NAME Rebecca Bidstrup
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ———
16. SOCIAL SECURITY NO. 499-18-3614
17. INFORMANT Mrs. Hazel Barlow, Halstead, Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary thrombosis — 5 yrs ago
DUE TO (c) Arteriosclerotic heart disease — 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) none
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Apr 1950 to 12-21-56 and last saw her/him alive on 12-17-56
Death occurred at 4:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John T. Skinner (Degree or title) MD
22b. ADDRESS 1182 Grand St. KCMO
22c. DATE SIGNED 12-23-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/24/56
23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Quirk & Tobin-20 W. Linwood, K.C.Mo.
25. DATE RECD. BY LOCAL REG. 12-23-56
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

John T. Skinner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William M. Turnl

Licensed Embalmer No. 46

P. O. Address 207 Linwood
Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.