

STANDARD CERTIFICATE OF DEATH

4616

STATE FILE NUMBER

FILED FEB 27 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 529

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b> <b>37980</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen'l Hosp. #1</b>			Length of stay in lb <b>4 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>3834 E. 56</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Carbonette</b> Last <b>Carbonette</b>				4. DATE OF DEATH Month <b>2</b> Day <b>4</b> Year <b>1957</b>			
5. SEX <b>Ma</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>9-21-1876</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Custodian</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Chemical Plant</b>	11. BIRTHPLACE (City and state or country) <b>Italy 5</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Louis Carbonette</b>				14. MOTHER'S MAIDEN NAME <b>No Record</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No XX</b>		16. SOCIAL SECURITY NO. <b>515-03-1052</b>		17. INFORMANT Address <b>Mrs. Lucille Williams, 3834 E. 56th</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] A PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized arteriosclerosis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>4500</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>2</b>				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>24th &amp; Cherry</b>		COUNTY	STATE
21. I attended the deceased from <b>Jan. 30, 1957</b> to <b>Feb. 4, 1957</b> and last saw <b>XX</b> him alive on <b>Feb. 4, 1957</b> Death occurred at <b>3 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>B. I. Burns</b> (Degree or title) <i>B. I. Burns, M.D.</i>				22b. ADDRESS <b>24th &amp; Cherry</b>		22c. DATE SIGNED <b>2-4-1957</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1-4-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hosey Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Weir, Kansas</b>		
24. FUNERAL DIRECTOR <b>Wagner Funeral Home, K &amp; Mo.</b>			ADDRESS		25. DATE RECD. BY LOCAL REG. <b>2-4-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

