

Health, Welfare, Public Service

300 -56

Record, Colorado, etc. must be usually related. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8600

STATE FILE NUMBER

1277

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1277

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hosp. # 1		Length of stay in 1b 1 YEAR		d. STREET ADDRESS 300 W Armour		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) DONALD				First DONALD Middle BAYANT Last Carter.		4. DATE OF DEATH Month Mar. Day 17, Year 1957	
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAR-6-1902	
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months 5 Days 5		IF UNDER 24 HRS. Hours 55 Min. 55			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT			10b. KIND OF BUSINESS OR INDUSTRY CONTINENTAL OIL Co			11. BIRTHPLACE (City and state or country) NORTH PLATTE NEBRASKA	
12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13. FATHER'S NAME VERNER CARTER				14. MOTHER'S MAIDEN NAME DAISY BRYANT			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		(If yrs, give war or dates of service)		16. SOCIAL SECURITY NO. 508-03-8345		17. INFORMANT MRS. E. L. DECKER	
				Address 311 MICHIGAN ST. PUEBLO, COLORADO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic coma							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Cirrhosis of liver		DUE TO (c)		5810	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)				
20c. TIME OF INJURY Hour 4:05 a. m. am 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		COUNTY STATE	
				24th & Cherry Sts.			
21. I attended the deceased from Mar. 14, 1957 to Mar. 17, 1957 and last saw him alive on Mar. 17, 1957 Death occurred at 4:05 am m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE B. I. BURRIS (Degree or title) D				22b. ADDRESS		22c. DATE SIGNED	
B. I. Burriss, M.D.				24th & Cherry Sts.		3/18/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
CREMATION		MAR-18-1957		D.W. NEWCOMER'S SONS		KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS				ADDRESS 1331 BAUGH CREEK KANSAS CITY MO		25. DATE RECD. BY LOCAL REG. 3-19-57	
				26. REGISTRAR'S SIGNATURE Neva Minshel			

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard L. Dejeu*
Licensed Embalmer No. 490

P. O. Address *K.C. 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.