FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 020987
STATE FILE NUMBER 2888

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

ealth, Welfare ublic Service

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital — Length of stay in Hospital 22 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Nebraska b. COUNTY Douglas
c. CITY OR TOWN Omaha 8260 8 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Union Hotel 10th & Mason — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MIKE; Middle C; Last CARTER
4. DATE OF DEATH: Month June; Day 7; Year 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Dec. 19, 1892
9. AGE (In years last birthday): 65 64 — 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): Kitchen Helper
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (City and state or country): Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Henry Carter
14. MOTHER'S MAIDEN NAME: Flora Hommel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 478-24-9549
17. INFORMANT: Mrs. Laura Barry, Address: 3016 Ida St., Omaha, Nebr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart Failure, Hypertensive Cardiovascular disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)
443 X

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 ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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 August 18, 1955 to June 7th, 1957 and last saw her/him alive on 6-7-57
Death occurred at 8:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Guido Podrecca (Degree or title) M.D.
22b. ADDRESS: 4801 Linwood, Kansas City, Mo.
22c. DATE SIGNED: 6/8/1957

Guido Podrecca

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: June 9, 1957
23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City, town, or county): Omaha (State): Nebraska

24. FUNERAL DIRECTOR — ADDRESS: D.W. Newcomer's Sons, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 6-21-57
26. REGISTRAR'S SIGNATURE: Nova Marshall

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 418

P. O. Address K. C., M

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.