

5. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1957

32310

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit</u>		c. CITY OR TOWN <u>Lee's Summit</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>3 Mons.</u>		e. STREET ADDRESS (If rural, give location) <u>304 South Johnson St. 720/0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>414 Jefferson St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florida (Flo)</u> b. (Middle) _____ c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept. 21, 1898</u>
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Strawburg, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Epple</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie Gewein</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Carter (Deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>495-24-2930</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nina Pickering, Lee's Summit, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Bronchogenic Carcinoma</u> INTERVAL BETWEEN ONSET AND DEATH _____ 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. <u>None</u>	
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>162X</u>	
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>8-29, 1957</u> , to <u>Sept 9, 1957</u> , that I last saw the deceased alive on <u>Sept 9, 1957</u> , and that death occurred at <u>2-0 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William F. Bell</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Lee's Summit Mo</u>	23c. DATE SIGNED <u>9-10-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 11, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elm Spring Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Elm, Missouri</u>
DATE REC'D BY LOCAL REG. <u>9-11-1957</u>	REGISTRAR'S SIGNATURE <u>W. B. Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Langsford Funeral Home, Lee's Summit, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

SEP 28 1957

SEP 29 1957

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 *N. B. Langford*  
Licensed Embalmer No. *496*  
P. O. Address *Lee's Summit*

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.