URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED WS NOV 3 1960

60-038299

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5362

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in Ib 35 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital — Inside Limits Yes [X] No [ ]

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) 3327 Prospect — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MR. RAYMOND Middle L. Last CARPENTER
4. DATE OF DEATH Month Oct. Day 24, Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 5-20-1908
9. AGE (last birthday) 52 — IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY same
11. BIRTHPLACE (City and state or country) Danville, Kentucky
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME F. M. Carpenter
13b. MOTHER'S MAIDEN NAME Amanda Price
14. NAME OF HUSBAND OR WIFE Margaret L. Carpenter
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. 570-05-4881
17. INFORMANT Margaret L. Carpenter — Address 3327 Prospect.

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) Subdural Haematoma — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) unknown at this time how injury occured.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 10-23-60
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.) Laundry
20f. CITY, TOWN, OR LOCATION Kans City — COUNTY Jackson — STATE MO

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 152 Union Station
22c. DATE SIGNED 10-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-27-60
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) Kansas City, Missouri (State)

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar — ADDRESS 1800 E. Linwood
25. DATE RECD. BY LOCAL REG. 10-25-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

Gen. No.
See me
you o

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James E. Hackler

Licensed Embalmer No. 4573

P. O. Address K. C. Mo

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