

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 438-61-001285 STATE FILE NUMBER

FILED VS FEB 14 1961

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>	Length of stay in lb <b>22 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</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>ST. LUKE'S HOSPITAL</b>		d. STREET ADDRESS <b>1438 EAST 76TH TERR.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ESTIL</b> Middle <b>DORAN</b> Last <b>CARTER</b>			4. DATE OF DEATH Month <b>JANUARY</b> Day <b>25</b> Year <b>1961</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 10, 1897</b>	9. AGE (last birthday) <b>63</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>REVENUE OFFICER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>INTERNAL REVENUE SERVICE</b>	11. BIRTHPLACE (City and state or country) <b>LEXINGTON, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
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13a. FATHER'S NAME <b>FRANK E. CARTER</b>	13b. MOTHER'S MAIDEN NAME <b>MARY DORAN</b>	14. NAME OF HUSBAND OR WIFE <b>RUTH HOUSTON CARTER</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>	16. SOCIAL SECURITY NO. <b>486-03-6906</b>	17. INFORMANT <b>J. J. CARTER</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>10 years</b>
IMMEDIATE CAUSE (a)	<b>Coronary thrombosis</b>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	<b>Coronary arteriosclerosis</b>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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>KANSAS CITY</b>	COUNTY <b>JACKSON</b>	STATE <b>MISSOURI</b>
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21. I attended the deceased from **11 Dec 1953** to **25 Jan 1961** and last saw <sup>him</sup> alive on **25 Jan 1961**  
Death occurred at **7:15 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Blaine Hibbard MD</b>	22b. ADDRESS <b>411 Nichols Rd KCMO</b>	22c. DATE SIGNED <b>26 Jan 61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JAN. 27 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEMETERY</b>
23d. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS</b>	23e. ADDRESS <b>1331 BRUSH CREEK</b>	23d. LOCATION (City, town, or county) <b>KANSAS CITY MISSOURI</b>

24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS</b>	25. DATE RECD. BY LOCAL REG. <b>1-27-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 Blaine Hibbard  
 SHOULD READ  
 ITEM NO.

**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 Basel Honey

Licensed Embalmer No. 4729

P. O. Address K.C. Mo

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.