

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1855-61-013673 STATE FILE NUMBER

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

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF Philip G. Kaul MEDICAL CERTIFICATION DOCUMENT

FILED MAY 3 1961

1. **PLACE OF DEATH**
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 9 years
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 435 Gladstone Inside Limits Yes No

2. **USUAL RESIDENCE** (Where deceased lived, if institution: Residence before admission)
 a. STATE Mo b. COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 435 Gladstone Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First Middle Last 4. **DATE OF DEATH** Month Day Year
Hazel Marguerite Carter April 13 1961

5. **SEX** Female 6. **COLOR OR RACE** White 7. **Married** **Never Married**
Widowed **Divorced** 8. **DATE OF BIRTH** 11-1-1988 9. **AGE** (last birthday) 72
 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR: Hours Min.

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) housewife 10b. **KIND OF BUSINESS OR INDUSTRY** home 11. **BIRTHPLACE** (City and state or country) Chicago, Ill 12. **CITIZEN OF WHAT COUNTRY** U.S.A.

13a. **FATHER'S NAME** William H. Millar 13b. **MOTHER'S MAIDEN NAME** Martha Wheelh 14. **NAME OF HUSBAND OR WIFE** Robert W. Carter

15. **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) no 16. **SOCIAL SECURITY NO.** none 17. **INFORMANT** Roberta Carter, K. C. Mo. Address

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).
 PART I. **DEATH WAS CAUSED BY:**
 IMMEDIATE CAUSE (a) Gangrene of Left Foot INTERVAL BETWEEN ONSET AND DEATH 5 Months
 DUE TO (b) Arteriosclerosis obliterans. 5 Years
 DUE TO (c) General Arteriosclerosis 10 Years
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)** Diabetes Mellitus
Arteriosclerotic Heart Disease Yes No Unknown
 PART III. **If deceased was female was there a pregnancy in last 90 days.**

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** October 1957 to 13 April 1961 and last saw ^{her} _{him} alive on March 21, 1961
Death occurred at 4:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) Philip G. Kaul M.D. 22b. **ADDRESS** 411 Nichols Road 22c. **DATE SIGNED** 4-14-1961

23. **BURIAL, CREMATION, REMOVAL (Specify)** 23b. **DATE** 23c. **NAME OF CEMETERY OR CREMATORY** 23d. **LOCATION** (City, town, or county) (State)
Removal 4-14-61 - Decatur, Illinois

24. **FUNERAL DIRECTOR** Sidmon Mortuary, Kansas City, Mo. ADDRESS 25. **DATE RECD. BY LOCAL REG.** 4-15-61 26. **REGISTRAR'S SIGNATURE** Ruth Long

(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 John R. Sidner

Licensed Embalmer No. 453

P. O. Address Kansas City

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.