

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036819

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4999

STATE FILE NUMBER

AMENDED

FILED OCT 19 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Missouri	b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 25 days	c. CITY OR TOWN Hickman Mills
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1000 Burning Tree Dr
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	5. INSIDE LIMITS
First Jennie	Middle L.	Last Carrico	Month Oct.
5. SEX Female		6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH Aug. 8, 1874		9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hildreth, Illinois
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Abel Horn	
13b. MOTHER'S MAIDEN NAME (Unknown) Linton		14. NAME OF HUSBAND OR WIFE Fred L. Carrico	
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 Mrs. Vera C. Reynolds, 5000 Oak,
18. CAUSE OF DEATH (Enter only one cause by line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Acute Anterior Myocardial Infarction</i>		4 weeks	
DUE TO (b) <i>Acute Coronary Thrombosis</i>		4 weeks	
DUE TO (c) <i>Coronary Arteriosclerosis</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but related to the direct condition		PART III. If deceased was female was there a pregnancy in last 90 days.	
<i>Acute Myocardial Infarction 1952</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<i>Angina Pectoris</i>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour Month, Day, Year	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	COUNTY	STATE
21. I attended the deceased from <u>10-13-1951</u> to <u>10-7-1961</u> and last saw her alive on <u>10-7-1961</u>	Death occurred at <u>4:25 A.M.</u> on the date stated above, and to the best of my knowledge, from the cause stated.		
22a. SIGNATURE <i>Carl R. Ferris MD</i>	22b. ADDRESS <i>535 Angyle / St. Joseph Kansas City 6 Mo</i>	22c. DATE SIGNED <i>10-9-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>10-9-61</i>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <i>Hastings, Nebraska</i>
24. FUNERAL DIRECTOR <i>Stine & McClure, Kansas City, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>10-9-61</i>	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>	

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Carl R. Ferris

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 Behan W Meeker

Licensed Embalmer No. 5078

P. O. Address KC, 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.

Handwritten text on the right margin: *Handwritten initials and numbers, possibly "C-2"*