

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-044557
STATE FILE NUMBER

AMENDED

149
Primary Registration District No. 1002 Registrar's No. 6326

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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> COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>50 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>New Hope Nursing Home</u> <u>101 E. 36th</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2438 Me Coy.</u>	
3. NAME OF DECEASED (Type or print) First <u>EVA</u> Middle <u>Pritchett</u> Last <u>Carter</u>				4. DATE OF DEATH Month <u>Dec</u> Year <u>1961</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Cauc.</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 19, 1874</u>	
9. AGE (last birthday) <u>87</u>		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) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Liston, Indiana</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA.</u>							
13a. FATHER'S NAME <u>A.L. PRITCHETT</u>			13b. MOTHER'S MAIDEN NAME <u>MELINDA PETTIT</u>			14. NAME OF HUSBAND OR WIFE <u>George Carter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Ruth Caldarella</u> Address <u>Hickmanville Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <u>Arteriosclerotic Cerebrovascular Disease</u> <u>Arteriosclerotic Heart Disease</u>							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 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 _____ a.m. _____ p.m. 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>June 1959 to December 15, 61</u> and last saw her <u>6:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____							
22a. SIGNATURE (Degree or title) <u>Harold W. North, M.D.</u>				22b. ADDRESS <u>201 Plaza Med. Bldg. 355 N. 16th St. K.C. Mo.</u>		22c. DATE SIGNED <u>12-16-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 19, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Muehlebach</u> ADDRESS <u>6800 Troost</u>			25. DATE RECD. BY LOCAL REG. <u>12-18-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		

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 Alfred S. Hammons, Student Embalmer No. 646

working under my personal supervision

Student

Alfred S. Hammons
Signature of Student Embalmer

Signed

R. L. Nichols

Licensed Embalmer No. 4997

P. O. Address H. E. MD

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.