

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33788

State File No.

4262

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>6 years</u>		d. STREET ADDRESS (If rural, give location) <u>3811 Cleveland Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3811 CLEVELAND AVE.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Milton</u>	b. (Middle) <u>Everett</u>	c. (Last) <u>RAYMO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4. 1951</u>
--	--------------------------	----------------------------	------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Sept 8-1869</u>	9. AGE (in years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
-----------------------	----------------------------------	--	--	--	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery Business</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Groceryman</u>	11. BIRTHPLACE (State or foreign country) <u>WAYNE / Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	---

13a. FATHER'S NAME <u>LEONARD RAYMO</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCES STANARD</u>	14. NAME OF HUSBAND OR WIFE <u>Pauline RAYMO.</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'S SIGNATURE OR NAME <u>MRS. S.A. STINAGLE</u>	ADDRESS <u>3811 Cleveland Ave. K.C. Mo.</u>
---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		1 year plus
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis generalized</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>332X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from May 7, 1951 to Oct. 4, 1951, that I last saw the deceased alive on Oct. 4, 1951, and that death occurred at 6:00 pm., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <u>T. Reid Jones</u>	Reid Jones (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1107 BRYANT BLDG. KANSAS CITY, MO.</u>	23c. DATE SIGNED
---	--	---	------------------

24a. BURIAL, CREMATION, TIGHT REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-6-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EDGEWOOD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CHILLICOTHE MISSOURI</u>
--	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>10-6-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.N. Newcomer's Sons</u>	ADDRESS <u>1391 BRUSH CREEK KANSAS CITY, MO.</u>
--	--	---	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Call 40-0024

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Raymond F. Hoeman*
Licensed Embalmer No. *4266*

P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.