

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17986**
2463

FILED MAY 27 1953
BIRTH NO. **29151**

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) township) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City	6001
d. FULL NAME OF HOSPITAL OR INSTITUTION Rescarch Hospital		d. STREET ADDRESS (If rural, give location) 2300 Fayette	

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Narrison c. (Last) Demayo		4. DATE OF DEATH (Month) (Day) (Year) 5-12-53	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 5-10-53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas City, Mo.
			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank A. Demayo	13b. MOTHER'S MAIDEN NAME Ella Josephene Harrison	14. NAME OF HUSBAND OR WIFE NONE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank A. Demayo, 2300 Fayette, No. K.C., Mo.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic disease of newborn		INTERVAL BETWEEN ONSET AND DEATH 8 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		7710

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	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 **5-10**, 19**53**, to **5-12**, 19**53**, that I last saw the deceased alive on **5-12**, 19**53**, and that death occurred at **8:15** A.M., from the causes and on the date stated above.

23a. SIGNATURE Robert F. Wortmann (Degree or title) Robert F. Wortmann, M.D.	23b. ADDRESS Professional Bldg.	23c. DATE SIGNED 5-12-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-13-53	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 5-13-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody McGilley-Elyar, K.C., Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—STATE & FEDERAL RECORDS

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
Student Embalmer

Signed Melvin Parteau

Licensed Embalmer No. 4903

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 this body is not embalmed, fact should be so stated above.