

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28805

State File No.

FILED SEP 15 1953

4272

BIRTH NO. 61114 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) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>11 hrs. 58 mins</u>		e. STREET ADDRESS (If rural, give location) <u>3248 1429 Indiana</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKE SIDE HOSPI.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LINDA</u> b. (Middle) <u>RAE</u> c. (Last) <u>PAYLOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-28-53</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S O</u>	8. DATE OF BIRTH <u>8-28-53</u>
9. AGE (In years last birthday) <u>0</u>		if UNDER 1 YEAR Months <u>0</u>	if UNDER 24 HRS. Days <u>0</u> Hours <u>11</u> Min. <u>55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>AM.</u>			

13a. FATHER'S NAME <u>RAYMOND LEE PAYLOR</u>	13b. MOTHER'S MAIDEN NAME <u>WETONA OPAL WARE</u>	14. NAME OF HUSBAND OR WIFE
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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 <u>Raymond L. Paylor</u>	ADDRESS <u>1429 Indiana City</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
		DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>7650</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>Kansas City Jackson MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 8-28-53, to 8-28-53, 1953, that I last saw the deceased alive on 8-28-53, 1953, and that death occurred at 12:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. D. Ludwig</u> (Degree or title) DO: <u>2-407W.34 Perian</u>	23b. ADDRESS	23c. DATE SIGNED <u>8-28-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug 31-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edmewood</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-31-53</u>	REGISTRAR'S SIGNATURE <u>Staldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm C L Farster</u> ADDRESS <u>718 Brooklyn</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Dean Owens*

Licensed Embalmer No. *428*
P. O. Address *K. C. 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.