

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31956

State File No.

LED OCT 6 - 1953

Registrar's No. 4463

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 26 days c. CITY OR TOWN Independence d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 STREET ADDRESS (If rural, give location) 1 mile east 7000

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) J. c. (Last) Rakes 4. DATE OF DEATH (Month) (Day) (Year) 9 6 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH March 28, 1904 9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook 10b. KIND OF BUSINESS OR INDUSTRY Unemployed 11. BIRTHPLACE (City and State or Foreign Country) Princeton, Kentucky 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME E. L. Rakes 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 16. SOCIAL SECURITY NO. 496-09-2286 17. INFORMANT'S SIGNATURE OR NAME Record Clerk-KC ADDRESS General Hospital

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary hepatoma
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 155

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from August 11, 1953, to Sept. 6, 1953, that I last saw the deceased alive on Sept. 6, 1953, and that death occurred at 2:05A m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns B. I. Burns (Degree or title) MD 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical 24b. DATE 9-11-1953 24c. NAME OF CEMETERY OR CREMATORY Western Dental College 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 9-12-53 REGISTRAR'S SIGNATURE Genevieve Smith 25. CORONER'S SIGNATURE G. C. S. No. ADDRESS _____

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

A. J. James

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..... *B. E. Weirick*

Licensed Embalmer No. *4072*

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.