

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36048**
4857

FILED OCT 28 1953

BIRTH NO. _____ 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 Jackson 3248	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansan City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Monroe		STREET ADDRESS 1912 1/2 9 Monroe	
3. NAME OF DECEASED (Type or Print) a. (First) Newton		b. (Middle) Franklin c. (Last) Razer	
4. DATE OF DEATH Oct. 8, 1953.		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 19, 1874.	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Civil Service	
10b. KIND OF BUSINESS OR INDUSTRY Bureau of Animal Industry		11. BIRTHPLACE (City and State or Foreign Country) Green Co. Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Razer	
13b. MOTHER'S MAIDEN NAME Elizabeth Lawrence		14. NAME OF HUSBAND OR WIFE Cleo Lucille Razer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 510-05-8642	
17. INFORMANT'S SIGNATURE OR NAME Cleo Lucille Razer		ADDRESS 1219 Monroe K.C. Mo.	
18. CAUSE OF DEATH (For only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Hemipia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES		DUE TO (b) Melanotic Carcinoma of Liver + etc.	
DUE TO (c) Primary site unknown		DUE TO (c) Arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 Sept 1953 to Oct 8, 1953 , that I last saw the deceased alive on Oct 7, 1953 , and that death occurred at 6:10 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE R. S. Long (Degree or title) M.D.		23b. ADDRESS 4800 E. 24th	
23c. DATE SIGNED 10-9-53		24a. BURIAL CREMATION REMOVAL (Specify) Burial	
24b. DATE Oct. 10, 1953.		24c. NAME OF CEMETERY OR CREMATORY Maple Hill	
24d. LOCATION (City, town, or county) (State) Kansas City Kansas		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster ADDRESS Kansas City Mo.	
DATE REC'D BY LOCAL REG. 10-9-53		REGISTRAR'S SIGNATURE Heraldine Smith	

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

can say all

5949

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. *4280*

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 36048

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 4867

On this 2nd day of November, 1953, before me appears.....

Cleo L. Rayer, who, upon her oath, states that the original record of ^{birth}~~death~~
for Newton Franklin Rayer, died October 8, 1953, in the State of
^{born}
Missouri, and which was filed at Kansas City on 10-9, 1953, should be corrected as follows:

Item No. 1d should read 1912 Monroe

Instead of 1219 Monroe

Item No. 2e should read 1912 Monroe

Instead of 1219 Monroe

Item No. 17 should read 1912 Monroe

Instead of 1219 Monroe

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Cleo L. Rayer wife
1912 Monroe, K.C. Mo.
Present Address.

Subscribed and sworn to before me this 2nd day of November, 1953.

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

