

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43100**
5929

FILED JAN 14 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>Kansas</u> b. COUNTY <u>Salina</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>70 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salina</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neurological Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8150 8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u>		b. (Middle) <u>C</u>		c. (Last) <u>Omer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>11-26-1888</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jewell County, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Omer</u>		13b. MOTHER'S MAIDEN NAME <u>Sophronia Handley</u>		14. NAME OF HUSBAND OR WIFE <u>Neva Omer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Neva Omer, Wife, Salina, Kansas</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary heart disease without wall infarction</u> DUE TO (c) <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>?</u> <u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>10-7</u> , 19 <u>53</u> , to <u>Dec. 17</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec. 17</u> , 19 <u>53</u> , and that death occurred at <u>2:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul Jones</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>2625 W. Paseo, Kansas City, Mo</u>		23c. DATE SIGNED <u>12-17-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-17-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salina, Kansas</u>		24d. LOCATION (City, town, or county) (State) <u>Salina, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>12-18-53</u>		REGISTRAR'S SIGNATURE <u>Steraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Fulton, Kansas City, Kansas</u>			

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed

Ralph Fulton

Licensed Embalmer No.

3035

P. O. Address

H. R. H.

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.