

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16119

BIRTH NO. 30570-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2278

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 town OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) born	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		2158	
d. FULL NAME OF HOSPITAL OR INSTITUTION CONLEY MATERNITY HOSPITAL			d. STREET ADDRESS (If rural, give location) 727 HIGHLAND 0			
3. NAME OF DECEASED (Type or Print) a. (First) RUSSELL		b. (Middle) EDGAR	c. (Last) RAY	4. DATE OF DEATH (Month) (Day) (Year) 5 19 54		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH 5-19-54	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months Days	
IF UNDER 14 HRS. Hours Min. 5	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shield		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI		
12. CITIZEN OF WHAT COUNTRY? U.S.	13a. FATHER'S NAME HARRY JEFFERSON RAY		13b. MOTHER'S MAIDEN NAME HELEN LOUISE RICE	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	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Helen Louise Ray		ADDRESS K.S. Mo		
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) OBSTRUCTION in respiratory passages ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aspiration of meconium and vernix caseosa DUE TO (c) undetermined embolism of fetal circulation in utero prior to labor. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 5 min.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		7612	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) (Min.)	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 5-19-1954 to 5-19-1954, that I last saw the deceased alive on 5-19-1954, and that death occurred at 5:27 P.M., from the causes and on the date stated above.						
23a. SIGNATURE Billie L. Tomlinson (Degree or title) Billie L. Tomlinson, D.O. 2			23b. ADDRESS Wirthman Bldg. Kansas City, Missouri	23c. DATE SIGNED 5/20/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Memorial	24b. DATE 5-21-54	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas			
DATE REC'D BY LOCAL REG. 5-20-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Geo. F. Porter & Sons	ADDRESS K.S. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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.....

Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address: 19th + Mamecola

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

H. S. K.