

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19300

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY <u>JACKSON (Rural Blue)</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) OR TOWN <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>40 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>RAYTOWN 20 BANNISTER ROADS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Four Kings Retirement Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BESSIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>OMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 27, 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 23, 1887</u>
9. AGE (In years last birthday) <u>66</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PERSONNEL DEPT.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MARSHALL, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>MONTGOMERY WARD</u>	14. NAME OF HUSBAND OR WIFE <u>RICHARD CURRY OMER</u>	
13a. FATHER'S NAME <u>THOMAS WAYLAND</u>	13b. MOTHER'S MAIDEN NAME <u>LARA JANE NEAR</u>	14. NAME OF HUSBAND OR WIFE <u>RICHARD CURRY OMER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>408-10-4108</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RICHARD C. OMER - RAYTOWN MO</u> ADDRESS <u>PC MISSOURI</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>ARTERIO-SCLEROSIS - Heart. Art. 6 Mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arterio Sclerosis. Renal. 10 yrs, Involution, refused all foods.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Good.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Wk</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 <u>5-1-53</u> to <u>6-27-54</u> , that I last saw the deceased alive on <u>6-27-54</u> , and that death occurred at <u>4:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. L. Johnson M.D.</u> (Degree or title)	23b. ADDRESS <u>Raytown Mo 67054</u>	23c. DATE SIGNED <u>6-28-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> DATE <u>JUNE 29, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. WASHINGTON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-29-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 354	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>133 BRUSH CREEK</u>	

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

JUL 1

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 *Edward M. Steer*.....

Licensed Embalmer No. *44*.....

P. O. Address *K.C. 110*.....

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.