

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34097

State File No.

FILED OCT 20 1954

4600

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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) Life		f. STREET ADDRESS (If rural, give location) 4100 Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		2708	
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) G.	
c. (Last) Raley		4. DATE OF DEATH (Month) (Day) (Year) 9 30 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAY 2, 1946
9. AGE (In years last birthday) 8		IF UNDER 1 YEAR Months 4 Days 28	IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Gene Raley	
13b. MOTHER'S MAIDEN NAME ADRIA Spurgeon		13c. NAME OF HUSBAND OR WIFE Gene Raley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Gene Raley - 4100 Terrace		ADDRESS K.C., 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Chronic pyelonephritis DUE TO (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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		6500	
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 Sept. 16, 1954 to Sept. 30, 1954 , that I last saw the deceased alive on Sept. 30, 1954 , and that death occurred at 8:50A m. , from the causes and on the date stated above.			
23a. SIGNATURE B.I. Burns (Degree or title) D.		23b. ADDRESS 21th & Cherry	
23c. DATE SIGNED 9-30-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 2, 1954		24c. NAME OF CEMETERY OR CREMATORY Floral Hills Gardens	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Gates Funeral Home-Kansas City, Kansas	
DATE REC'D BY LOCAL REG. 10-1-54		REGISTRAR'S SIGNATURE Neve Minshall	

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4700

P. O. Address Kansas City

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.