

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenwood	c. LENGTH OF STAY (in this place) 3 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenwood <i>7000</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION East Edge Greenwood		d. STREET ADDRESS (If rural, give location) East Edge Greenwood	

3. NAME OF DECEASED (Type or Print) a. (First) Benjiman b. (Middle) Harrison c. (Last) Railey			4. DATE OF DEATH (Month) (Day) (Year) 1/8/1955		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 5 1889		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 Hrs. Hours	IF UNDER 1 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY County		11. BIRTHPLACE (State or foreign country) Eldon Mo. <i>0</i>		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME John L. Railey		13b. MOTHER'S MAIDEN NAME Maggie Carrett		14. NAME OF HUSBAND OR WIFE Sallie Railey	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or date of service) -----	16. SOCIAL SECURITY NO. 486-10-1187A	17. INFORMANT'S SIGNATURE OR NAME Sallie Railey ADDRESS 4828 E.6 Kansas City		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Arteriosclerosis				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490X			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)			
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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?			
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thos C. Bradford, M.D., County Surgeon		23b. ADDRESS 6627 Brooklet St. C. Mo.		23c. DATE SIGNED 1-9-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 12, 1955	24c. NAME OF CEMETERY OR CREMATORY Washington Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas Mo		
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DATE REC'D BY LOCAL REG. 1-8-55	REGISTRAR'S SIGNATURE N. B. Langford	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lee's Summit Mo.			
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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 *N. B. Langford Jr.*

Licensed Embalmer No. *4962*

P. O. Address *Lee's Summit,*

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.