

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11919  
1351

State File No. ....

No. 300  
10. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

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

|   |  |   |                                    |
|---|--|---|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</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>3 MONTHS</u>   | c. CITY OR TOWN <u>KANSAS City</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S Hospital</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         |                                    |
| 3. NAME OF DECEASED<br>a. (First) <u>RAYE</u> b. (Middle) <u>J.</u> c. (Last) <u>GARRIS</u>                                 |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 24, 1955</u>   |                                    |
| 5. SEX <u>♂</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>       |  | 8. DATE OF BIRTH <u>OCT-5-1891</u> 9. AGE (In years last birthday) <u>63</u>  |                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED Dist. Sales Mgr.</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Poast Brewery</u>  |                                    |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>ARKANSAS City, KANSAS</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>  |                                    |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>(E) E D GARRIS</u>                                    |  | 13b. MOTHER'S MAIDEN NAME <u>NETTIE MUNDWILER</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Mrs. FAYE M. GARRIS</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>451-01-4017</u>        |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. BETTY JANE MALONEY</u> ADDRESS <u>4754 Mohawk Kansas City, Mo.</u> |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congestive heart failure</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>A. S. C. V. disease</u> |  | <u>3 yrs</u>                                 |  |
|  |  | DUE TO (c) _____   |  |  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                            |  | <u>4221</u>                                  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input checked="" 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) |  | 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 6-4, 1953, to 3-24, 1955, that I last saw the deceased alive on 3-23, 1955, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 23a. SIGNATURE <u>J. Warren Manley, M.D.</u> (Degree or title)            |  | 23b. ADDRESS <u>653 Brookwood Blvd Kansas City, Kans</u>      |  | 23c. DATE SIGNED <u>3-24-55</u>                               |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>                   |  | 24b. DATE <u>Mar. 26 1955</u>                                 |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. MORIAN CEMETERY</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. NEWCOMER'S SONS</u> |  | 1331 ADDRESS <u>R. C. MO. BRUSH CREEK BLVD</u>                |  |
| DATE REC'D BY LOCAL REG. <u>3-26-55</u>                                   |  | REGISTRAR'S SIGNATURE <u>Neva Minshall</u>                    |  |   |  |

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 *Robert E. Kerson*

Licensed Embalmer No. *483*

P. O. Address *H. C. M.*

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.