

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22224**  
**3017**

FILED AUG 3 - 1955

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. LENGTH OF STAY (In this place) **5 1/2 days** c. CITY OR TOWN **KANSAS CITY** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSPITAL** STREET ADDRESS (If rural, give location) **30 2516 PARK** **33980**

3. NAME OF DECEASED a. (First) **JOHN** b. (Middle) **RALEIGH** c. (Last) **KING** 4. DATE OF DEATH (Month) (Day) (Year) **July 12, 1955**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **March 10, 1909** 9. AGE (In years last birthday) **46** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Druggist** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Kansas** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John King** 13b. MOTHER'S MAIDEN NAME **Naomi Harris** 14. NAME OF HUSBAND OR WIFE **Jewell King**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give year or dates of service) **WW II** 16. SOCIAL SECURITY NO. **unknown** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **VA Hospital Official Records, K.C. Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Uremia (clinical)** INTERVAL BETWEEN ONSET AND DEATH **1 year**

ANTECEDENT CAUSES **Cardiac hypertrophy & dilatation** **3 years**

\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_

DUE TO (c) **Arteriolonephrosclerosis** **10 years**

II. OTHER SIGNIFICANT CONDITIONS **442**

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  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **May 29, 1955**, to **July 12, 1955**, the ~~deceased~~ and that death occurred at **4:20P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Guido Podrecca** 23b. ADDRESS **VA Hospital, Kansas City, Mo.** 23c. DATE SIGNED **7/13/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **7/15/55** 24c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Wadsworth, Kansas**

DATE REC'D BY LOCAL REG. **7-15-55** REGISTRAR'S SIGNATURE **Neve Minshall** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **1415 Truman**

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

Signature *Landis H. Jackson*.....  
Licensed Embalmer No. *483*.....

P. O. Address *K.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.