

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40800

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 5609

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 OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 33 DAYS		c. CITY OR TOWN INDEPENDENCE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				e. STREET ADDRESS (If rural, give location) BOX 350, RT 3			
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR		b. (Middle) JAMES		c. (Last) PARIS		4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 21, 1955	
5. SEX <input type="radio"/> MALE <input checked="" type="radio"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEBRUARY 26, 1895		9. AGE (In years last birthday) 59 60	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL WORKER		10b. KIND OF BUSINESS OR INDUSTRY MFG		11. BIRTHPLACE (City and State or Foreign Country) JACKSON COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME NAMON PARIS			13b. MOTHER'S MAIDEN NAME AUDREY WARE		14. NAME OF HUSBAND OR WIFE RUTH ESTHER PARIS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 487-34-4275		17. INFORMANT'S SIGNATURE OR NAME OFFICIAL VA HOSPITAL RECORDS ADDRESS			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Reval Cell Carcinoma left				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years	
		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.				180*	
19a. DATE OF OPERATION 7-8-53		19b. MAJOR FINDINGS OF OPERATION Hypernephroma left kidney				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 NOVEMBER 18 55 , to DECEMBER 21 55 , and that death occurred at 8:35 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Carl A. Williams (Degree or title) MD				23b. ADDRESS VETERANS ADMINISTRATION HOSPITAL		23c. DATE SIGNED 12-21-55 (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-24-55		24c. NAME OF CEMETERY OR CREMATORY Mound Home Cemetery		24d. LOCATION (City, town, or county) Independence, Missouri (State)	
DATE REC'D BY LOCAL REG. 12-24-55		REGISTRAR'S SIGNATURE Neva Marshall		25. SUPERVISOR'S SIGNATURE Frank H. Specks ADDRESS Indep, Mo			

(Licensed Embalmer's Statement on Reverse Side)

1956
FEB 8 8 331

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 *Raymond M. Hardy*

Licensed Embalmer No. *49*

P. O. Address *Indep*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.