

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20680

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2471

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Gregg</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Longview</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>		d. STREET ADDRESS (If outside, give location) <b>307 Humble</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>E.</b> Last <b>Ray</b>			4. DATE OF DEATH Month <b>June</b> Day <b>4</b> Year <b>1956</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 9, 1906</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>oil field</b>	11. BIRTHPLACE (City and state or country) <b>Benton, Arkansas</b>
13. FATHER'S NAME <b>Ray</b>		14. MOTHER'S MAIDEN NAME <b>Mary</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Loyd E. Montgomery</b>		Address <b>2918 E. 78th. St.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) <b>coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6-4-56</b> <b>2 hr.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. L. Dwyer</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Health Officer Ke-mo</b>	
22c. DATE SIGNED <b>6-4-56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>6-4-56</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Longview, Texas</b>	
24. FUNERAL DIRECTOR <b>D. W. Newcomer's Sons</b>		25. DATE RECD. BY LOCAL REG. <b>6-5-56</b>	
ADDRESS <b>1331 Brush Creek</b>		26. REGISTRAR'S SIGNATURE <b>neva minshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Coronary Occlusion</b>		6-4-56	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		6-4-56	
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 <b>see removal Dr. Dwyer</b>	
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)		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 <b>6-4-1956</b> , to <b>6-4, 1956</b> , that I last saw the deceased alive on <b>6-4-1956</b> , and that death occurred at <b>12:20 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Sanford Simon</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>701 E 63rd</b>	
23c. DATE SIGNED <b>6-4-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>JUNE-4-1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>LONGVIEW, TEXAS</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. Newcomer</b>		ADDRESS <b>1331 BRUSH CREEK KANSAS CITY MO.</b>	
DATE RECD. BY LOCAL REG. <b>6-5-56</b>		neva minshall	

Statement of Reverse

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

WRITE PLAINLY—USING UNFADING BLACK INK

diseases in Part I must be causally related. Coroner cannot certify

Dr. Sanford Simon  
CNS

NOV 19 1957

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. \_\_\_\_\_ P. O. Address \_\_\_\_\_

STATEMENT BY LICENSED EMBALMER

8-1-57

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. \_\_\_\_\_ P. O. Address \_\_\_\_\_

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.

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 *Chester K Brown* Licensed Embalmer No. *49* P. O. Address *KE 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.