Health, Welfare Public Service

300 -56

Doctor, coroner, etc. must use only standard nomenclature in filling out symptoms and diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4967

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 436

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp. — Length of Stay 2½ mo. — Dead on Arrival ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Hickman Mills — Inside Limits Yes ☐ No ✓
d. STREET ADDRESS 3730 Meadow Lane (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First: Ray Middle: Dean Last: Rogers Jr.

4. DATE OF DEATH Month: Jan Day: 27 Year: 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Feb. 27-1940

9. AGE (If years last birthday) 16 — 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) Student

10b. KIND OF BUSINESS OR INDUSTRY High School

11. BIRTHPLACE (City and state or country) Kansas City Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ray Dean Rogers, Sr.

14. MOTHER'S MAIDEN NAME Gladys Juanita Bryan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — —

16. SOCIAL SECURITY NO. None

17. INFORMANT Ray Dean Rogers, Sr. Address 3730 Meadow Lane

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a). Acute hepatitis c biliary obstruction — INTERVAL BETWEEN ONSET AND DEATH: 7 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Jaundice due to extrahepatic obstruction — 6 weeks

DUE TO (c) Congenital hemolytic anemia — 6 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): Spastic paralysis (congenital). 2922

19. WAS AUTOPSY PERFORMED? YES ✓ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Nov. 21, 1956, to January 27, 1957 and last saw ~~him~~ him alive on Jan. 26, 1957. Death occurred at 3:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas. H. Johnson (Degree or title) M. D.

22b. ADDRESS Miami Kansas

22c. DATE SIGNED Jan 28 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan. 29-1957

23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery

23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR R. W. Newcomer & Sons — ADDRESS 331 Brush Creek K.C. Mo.

25. DATE RECD. BY LOCAL REG. 1-29-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester K Brae

Licensed Embalmer No. 49

P. O. Address K C

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.