

FILED MAY 29 1957

STANDARD CERTIFICATE OF DEATH

17800 STATE FILE NUMBER 2239

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

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>CAYRO</i>	
b. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Norborne</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Joseph Hosp</i>		d. STREET ADDRESS (If outside, give location) <i>Second Str.</i>	
3. NAME OF DECEASED (Type or print) First <i>Elsie Louise</i> Middle <i>RAAB</i> Last <i>RAAB</i>		4. DATE OF DEATH Month <i>May</i> Day <i>13</i> Year <i>1957</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 22 1905</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>City Clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Municipal Government</i>	11. BIRTHPLACE (City and state or country) <i>Norborne, Mo.</i>
13a. FATHER'S NAME <i>Frank Joseph Raab</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Wille</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Year, no., or unknown) (If yes, give war or dates of service) <i>None</i>		16. SOCIAL SECURITY NO. <i>490-16-2324</i>	17. INFORMANT <i>Carl F. Raab</i> Address <i>Kansas City, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>ruptured aneurysm of Rt. carotid artery</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>with intra-cranial hemorrhage</i> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>330 h</i>
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 <i>May 10-57</i> to <i>May 13-57</i> and last saw him alive on <i>May 13-57</i> Death occurred at <i>12 55 p.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>R Paul Wright M.D.</i>		22b. ADDRESS <i>Kansas City, Mo. 1324 Prof. Bldg.</i>	
22c. DATE SIGNED <i>May 13-57</i>		22d. LOCATION (City, town, or county) (State) <i>Norborne Mo.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>5-14-57</i>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <i>Deitch Mortuary Norborne, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5-14-57</i>	
26. REGISTRAR'S SIGNATURE <i>Reva Minshall</i>			

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE R. Paul Wright

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

KP
2

no 2-13/8

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 *John R. Johnson*
Licensed Embalmer No. 4531
P. O. Address *Kansas City*

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.