

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44278

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5810

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Joseph's Hosp</b>		d. STREET ADDRESS <b>4423 Windsor</b>	
3. NAME OF DECEASED (Type or print) <b>RAYMOND L CLARK</b>		4. DATE OF DEATH Month Day Year <b>December 8 1957</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 13 1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Building Supt</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Woodward Realty</b>	11. BIRTHPLACE (City and state or country) <b>Moberly Missouri</b>
13a. FATHER'S NAME <b>Charles Clark</b>		13b. MOTHER'S MAIDEN NAME <b>Jodie Rodgers</b>	14. NAME OF HUSBAND OR WIFE <b>Grace Clark</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>497-14-0936</b>	17. INFORMANT Address <b>Mrs Grace Clark 4423 Windsor K C Mo</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>Virus Pneumonia Bilateral</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 wks.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>492 X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <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 <b>Nov 24, 1957</b> to <b>Dec 8, 1957</b> and last saw him alive on <b>Dec 8, 1957</b> Death occurred at <b>11:00 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Martin F. Hunter M.D.</b>		22b. ADDRESS <b>1408 Waldheim Bldg.</b>	22c. DATE SIGNED <b>12/9/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec 10 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Shell Funeral Home Kansas City Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-10-57</b>	26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>



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 *Thomas P. Hill*

Licensed Embalmer No. *4954*  
P. O. Address *P. O. 1770*

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 of the fact that  
If this body is not embalmed, fact should be so stated above.

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