

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USING ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Raymond J. Caffrey

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47353  
STATE FILE NUMBER 6274

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

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>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>GRANDVIEW Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>			Length of stay in 1b <b>6 DAYS</b>		d. STREET ADDRESS (If outside, give location) <b>12414 Grandview Rd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <b>Carl</b> Middle <b>ALBERT</b> Last <b>Rand</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>29</b> Year <b>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>Nov. 2, 1884</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GENERAL PASSENGER AGENT</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>GREAT NORTHERN RR.</b>		11. BIRTHPLACE (City and state or country) <b>MINNEAPOLIS MINNESOTA</b>				12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					
13. FATHER'S NAME <b>ALBERT RAND</b>						14. MOTHER'S MAIDEN NAME <b>ELLA NORCROSS</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. <b>701-12-1495</b>		17. INFORMANT Address <b>Mrs. MAUDE H. RAND 12414 GRANDVIEW AVE. GRANDVIEW, MISSOURI</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>Pulmonary Infarction</b>										INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Killip - Barie Syndrome</b>		DUE TO (c) <b>Pulmonary fibrosis</b>		<b>364X</b>		<b>6 weeks</b>				<b>Several years</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 <b>Dec 15, 1957</b> to <b>Dec 29, 1957</b> and last saw <sup>her</sup> him <sup>alive</sup> on <b>Dec 28, 1957</b> Death occurred at <b>9:25</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <b>Raymond J. Caffrey MD</b>						22b. ADDRESS <b>1120 130th St. Grandview, Mo.</b>				22c. DATE SIGNED <b>Dec 31, 1957</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>			23b. DATE <b>JAN. 4, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>			23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>							
24. FUNERAL DIRECTOR <b>DW. NEWCOMER'S SONS</b>				ADDRESS <b>1331 BRUSH CREEK KANSAS CITY MO.</b>		25. DATE RECD. BY LOCAL REG. <b>1-3-58</b>		26. REGISTRAR'S SIGNATURE <b>neva trinchell</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 W. Lawson*.....

Licensed Embalmer No. *788*

P. O. Address *A. C. J.*

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.