ealth, Welfare ublic ervice

300 -57

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005652

STATE FILE NUMBER 508

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

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #1 — Length of stay in 1b 22 YEARS	d. STREET ADDRESS (If outside, give location) 3529 Locust — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Ralph	Middle: Bragg	Last: Lair	4. DATE OF DEATH Month Day Year: 1-27-1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]	8. DATE OF BIRTH: 9-21-90	9. AGE (In years last birthday): 67 — 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): Retired Salesman	10b. KIND OF BUSINESS OR INDUSTRY: Shoe	11. BIRTHPLACE (City and state or country): Hamburg, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Willard Lair	13b. MOTHER'S MAIDEN NAME: —	14. NAME OF ~~HUSBAND OR~~ WIFE: Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: —	17. INFORMANT: Chalmers Lair	Address: Omaha, Nebraska	

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) Hepatic failure

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

DUE TO (b) Severe fatty metamorphosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 5510

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 1-14-58, to 1-27-58 and last saw ~~her~~ him alive on 1-27-58

✓ Death occurred at 11:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]	22b. ADDRESS: General Hospital No. 1	22c. DATE SIGNED: 1-28-58	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan. 31. 1958	23c. NAME OF CEMETERY ~~OR CREMATORY~~: Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State): Kansas City Missouri
24. FUNERAL DIRECTOR: D.W. Newcomer's Sons	ADDRESS: 1331 Baush Creek Kansas City, Mo.	25. DATE RECD. BY LOCAL REG.: 1-31-58	26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

B. I. Burns

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 Harold B. Echterm

Licensed Embalmer No. 3035

P. O. Address [illegible]

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.