

Health,  
Welfare  
Public  
Service

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-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI

58-006011

FILED MAR 14 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 119

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 Independence		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1525 Sterling		d. STREET ADDRESS (If outside, give location) 3021 Forest	

3. NAME OF DECEASED (Type or print) First Middle Last Janet Kay Raymond			4. DATE OF DEATH Month Day Year 3- 4- 58			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-23-56	9. AGE (In years last birthday) 1	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)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bigelow, Kansas		12. CITIZEN OF WHAT COUNTRY? United States

13a. FATHER'S NAME Marvin W. Raymond		13b. MOTHER'S MAIDEN NAME Lowella		14. NAME OF HUSBAND OR WIFE none	
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. none		17. INFORMANT Mrs. Augusta O. Route, 1525 Sterling	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hydrocephalus		INTERVAL BETWEEN ONSET AND DEATH Sonic born
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Obstruction of Aqueduct of Sylvius	
	DUE TO (c) Congenital Defect.	
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 <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 <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.) Independence		20f. CITY, TOWN, OR LOCATION COUNTY STATE Jackson Mo.	
21. I attended the deceased from 3-3-58 to 3-4-58 and last saw her alive on 3-4-58 Death occurred at 7:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. H. Rochelle, M.D.		22b. ADDRESS 11037 Wiggins Rd.		22c. DATE SIGNED 3-4-58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation March 4, 1958		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY Hermesberg Cemetery		23d. LOCATION (City, town, or county) (State) Beramen, Kansas	
24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep. Mo.		25. DATE RECD. BY LOCAL REG. 3-4-58		26. REGISTRAR'S SIGNATURE James H. [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 2 1958

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 *A. Kenneth Peterson*

Licensed Embalmer No. *4697*  
P. O. Address *Indep. Mo.*

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.