

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001619

STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 61

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Independence, <i>7005</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. San. & Hosp.		d. STREET ADDRESS (If outside, give location) 312 So. Fuller	
Length of stay in lb 71 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GLAYDES MC WILLIAMS RALEY			4. DATE OF DEATH Month Day Year Jan. 29, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 28, 1887
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and state or country) Marion County, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Mc Williams	
13b. MOTHER'S MAIDEN NAME Dora Johnson		14. NAME OF HUSBAND OR WIFE Henry R. Raley, Dec'd.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-16-4327	17. INFORMANT Mrs. Lola Chappelow, 312 So. Fuller, Indep. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia - DUE TO (b) Diabetic nephrosclerosis DUE TO (c) Diabetes mellitus 2.65X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardiovascular disease			INTERVAL BETWEEN ONSET AND DEATH
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.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-14-59 to 1-29-59 and last saw her alive on 1-29-59 Death occurred at 2:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Herbert A. Mangala, M.D.		22b. ADDRESS Independence, Mo.	
22c. DATE SIGNED 1-30-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-31-59	
23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cemetery		23d. LOCATION (City, town, or county) (State) Blue Springs, Missouri	
24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo.		25. DATE RECD. BY LOCAL REG. 1-31-59	
26. REGISTRAR'S SIGNATURE James Raley			

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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 *Raymond F. Steemann*

Licensed Embalmer No. *4266*

P. O. *Independence, 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.