V.S. No. 300
Rev. 10.48

FILED VS SEP 16 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-031774
State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 156

6001

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Nath
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bell Mc Mannis Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN: Polo
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0130

3. NAME OF DECEASED (Type or Print)
a. (First): Raymond
b. (Middle): L.
c. (Last): Arey

4. DATE OF DEATH (Month) (Day) (Year): Sept. 10 1959

5. SEX: M. 0
6. COLOR OR RACE: Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 27-1901
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 2 Days 13 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Telephone Exchange
11. BIRTHPLACE (City and State or Foreign Country): Caldwell Co. Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Geo. Arey
13b. MOTHER'S MAIDEN NAME: Stella McFall
14. NAME OF HUSBAND OR WIFE: Beryl Arey (wife)

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.: 487-01-3861
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Beryl Arey — ADDRESS: Polo Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac Failure	Sudden
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cor Bovine - Rheumatic Heart	5 yr.
~~DUE TO (c)~~	Emphysema, Massive Glex	5 yr.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Transurethral Prostatectomy	36 hr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy, Occlusion
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1951, *to* Sept 10, 1959, *that I last saw the deceased alive on* Sept 10, 1959, *and that death occurred at* 12:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn W. Hundrum MD
23b. ADDRESS: Liberty, Mo
23c. DATE SIGNED: 9/12/59

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-12-1959
24c. NAME OF CEMETERY OR CREMATORY: Kingston
24d. LOCATION (City, town, or county) (State): Kingston Mo

DATE REC'D BY LOCAL REG.: 9-12-59
REGISTRAR'S SIGNATURE: Marguerite Hudgens
25. FUNERAL DIRECTOR'S SIGNATURE: Alspaugh & Cowley — ADDRESS: Polo Mo

(Licensed Embalmer's Statement on Reverse Side)

VS OCT 8 1959

RECEIVED
SEP 15 195
CLAY CO.,
HEALTH CENTE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Erwin L. Woerlch

Licensed Embalmer No. 4924

P. O. Address Polo, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.