

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 15 1960

-60-019429

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 2893 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 weeks	c. CITY OR TOWN Lee's Summit		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Hyatt - Hyatt Road (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Raymond W. Middle Harley Last Harley			4. DATE OF DEATH Month May Day 27 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 20, 1913	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Steel	11. BIRTHPLACE (City and state or country) Jackson County, Mo. USA		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Alben B. Harley		13b. MOTHER'S MAIDEN NAME Anna Harley		14. NAME OF HUSBAND OR WIFE Dica Harley	
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. 491-32-4062	17. INFORMANT Address Mrs. Dica Harley, Lee's Summit, 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) Sub-arachnoid hemorrhage 2 weeks Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Communicating artery (Pending autopsy findings) DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____	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 2-11-57 to 5-27-60 and last saw her alive on 5-26-60 Death occurred at 4:25 p.m. 5-27-60 on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert K. Russell (Regree or title)		22b. ADDRESS Raytown, Mo.		22c. DATE SIGNED 5-28-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 29, 1960	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery		23d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri	
24. FUNERAL DIRECTOR Langsford Funeral Home, Lee's Summit, Missouri			25. DATE RECD. BY LOCAL REG. 5-28-60	26. REGISTRAR'S SIGNATURE Neva Marshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert K. Russell

Handwritten:
L. B. Langford
383
P. O. Address

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *L. B. Langford*

Licensed Embalmer No. 383

P. O. Address *L. B. Langford*

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.