

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3589-61-025113  
3589 STATE FILE NUMBER

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

AMENDED

1. PLACE OF DEATH 8 1961

a. COUNTY JACKSON

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in lb 13 yrs.

c. CITY OR TOWN KANSAS CITY Inside Limits Yes  No

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 419 MANCHESTER Inside Limits  No

d. STREET ADDRESS (if outside, give location) 419 MANCHESTER Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year

RAYMOND DALE CRIST JULY 17, 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 9-26-1932 9. AGE (last birthday) 28 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (City and state or country) KANSAS CITY, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME HAROLD OLEN CRIST 13b. MOTHER'S MAIDEN NAME CLARA L. PEABLER 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) NO NO 17. INFORMANT Address Harold Crist, 419 Manchester, K.C., 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) *Circulatory Failure* MYODAL INFARCTION

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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.  Yes  No  Unknown

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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_ Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) *Ruth Long* 22b. ADDRESS 152 Union Station 22c. DATE SIGNED 7-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 7-20-61 23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY 23d. LOCATION (City, town, or county) INDEPENDENCE, MISSOURI

24. FUNERAL DIRECTOR ADDRESS GEO. C. CARSON & SONS, INDEPENDENCE, MO. 25. DATE RECD. BY LOCAL REG. 7-19-61 26. REGISTRAR'S SIGNATURE *Ruth Long*

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF HUSBAND OR WIFE

**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 Leroy J. Jeyler

Licensed Embalmer No. 4941

P. O. Address Independence

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.