

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 277 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b week
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Newton Home Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO b. COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 708 Longfellow Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last MARY E RAISBECK
 4. DATE OF DEATH Month Day Year 1-13-1962
 5. SEX Fe
 6. COLOR OR RACE White
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 11-19-1871
 9. AGE (last birthday) 90
 IF UNDER 1 YEAR Months Days Hours Min.
 IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) none
 10b. KIND OF BUSINESS OR INDUSTRY -
 11. BIRTHPLACE (City and state or country) Red Bud, Ill
 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME Richard Raisbeck
 13b. MOTHER'S MAIDEN NAME Sarah Johnston
 14. NAME OF HUSBAND OR WIFE -

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. none
 17. INFORMANT Benie Raisbeck Address Redland, Colo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 1 day
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension 6 years
 DUE TO (c) Arteriosclerosis 6 years
 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 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 3-10-60 to 1-13-62 and last saw her/him alive on 1-13-62
 Death occurred at 1045 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul Laurence Paul Laurence M.D. 22b. ADDRESS 428 South White Ave 22c. DATE SIGNED 1-13-62
 23a. DATE OF CREMATION 1-15-1962 23b. NAME OF CEMETERY OR CREMATORY Plattsburg Cem. 23c. LOCATION (City, town, or county) (State) Plattsburg, Mo.

24. FUNERAL DIRECTOR ADDRESS Lyons Funeral Home Plattsburg, Mo 25. DATE RECD. BY LOCAL REG. 1-16-62 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ

DOCUMENT
BY AFFIDAVIT OF Paul Laurence

1-13-62 10:45 PM 1-13-62

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 *St. Pasantino*

Licensed Embalmer No. 4554

P. O. Address KC 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.