

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-049412

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 138

FILED JAN 28 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Excelsior Springs</u>  |                                  | Length of stay in 1b<br><u>6 yrs.</u>  | c. CITY OR TOWN <u>Excelsior Springs</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>701 Highland St.</u>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>701 Highland</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>MARY HELEN RAYMER</u>   |                                  |  | 4. DATE OF DEATH<br>Month Day Year<br><u>December 24, 1962</u>  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH<br><u>6-9-1893</u>   |
| 9. AGE (last birthday)<br><u>69</u>  |                                  | IF UNDER 1 YEAR<br>Months Days Hours Min.  | IF UNDER 24 HR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housewife</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country)<br><u>Rich Hill, Missouri</u>  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |                                  | 13a. FATHER'S NAME<br><u>John H. McHatton</u>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Matilda A. Wilson</u>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><u>Lige L. Raymer</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of serv)<br><u>No</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>[Redacted]</u>   |   |
| 17. INFORMANT<br><u>Mr. Lige Raymer, Excelsior Springs, Mo.</u>  |                                  | 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pulmonary edema</u><br>DUE TO (b) <u>Heart failure</u><br>DUE TO (c) <u>Atherosclerotic Heart disease.</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  | 20a. ACCIDENT <input checked="" 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<br>Hour a.m. p.m.<br>Month, Day, Year  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   |
| 20f. CITY, TOWN, OR LOCATION<br><u>Excelsior Springs, Mo.</u>  |                                  | COUNTY STATE   |   |
| 21. I attended the deceased from <u>12/13/62</u> to <u>12/24/62</u> and last saw her/him alive on <u>12/24/62</u><br>Death occurred at <u>5:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |                                  |  |   |
| 22a. SIGNATURE<br><u>Phillip E. King</u><br>(Degree or title)  |                                  | 22b. ADDRESS<br><u>M. D. Excelsior Springs, Mo.</u>  |   |
| 22c. DATE SIGNED<br><u>12/27/62</u>  |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |   |
| 23b. DATE<br><u>12-29-1962</u>   |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Highland Cemetery</u>   |   |
| 23d. LOCATION (City, town, or county)<br><u>Iola, Kansas</u>   |                                  | 23e. STATE<br><u>Kansas</u>  |   |
| 24. FUNERAL DIRECTOR<br><u>Richard General Home, Excelsior Springs, Mo.</u>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>12-27-62</u>  |   |
| 26. REGISTRAR'S SIGNATURE<br><u>Caroline Hutchings</u>   |                                  | 27. ADDRESS  |   |

USE BLACK INK OR TYPEWRITER RIBBON

JAN 30 1963

Permit received 12/27/62 E.H.

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 Lindell Jarman

Licensed Embalmer No. 4589  
P. O. Address Excelsior Springs, 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.