MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016236

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2260 STATE FILE NUMBER

FILED APR 29 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

1
2 3918
3
4 0
5 1
6
7 1
8 1
9 150X
10
11
12 67-0
13

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF Hubert M. Parker MEDICAL CERTIFICATION

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: 45 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. MARY'S HOSPITAL
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 7631 BALTIMORE
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ROBERT Middle JAMES Last RANEY

4. DATE OF DEATH: Month APRIL Day 10, Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 9-19-1883

9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ARCHITECT

10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (City and state or country): MOBILE, ALABAMA

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: JOHN N. RANEY

13b. MOTHER'S MAIDEN NAME: ANNE MAHER

14. NAME OF HUSBAND OR WIFE: MRS. ADEL RANEY

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.: 495-05-5173

17. INFORMANT: MRS ADEL RANEY Address: 7631 BALTIMORE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Generalized Peritonitis	48 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Gastrostomy tube misplaced	48 Hrs
DUE TO (c)	Carcinoma of Oesophagus	3½ Mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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 7-12-60, to 4-10-63 and last saw him alive on 4-9-63
Death occurred at 3:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hubert M Parker M D

22b. ADDRESS: 928 Argyle Bldg

22c. DATE SIGNED: 4-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 4-15-1963

23c. NAME OF CEMETERY OR CREMATORY: CALVARY

23d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: MUEHLEBACH 6800 TROOST

25. DATE RECD. BY LOCAL REG.: 4-15-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. Parker
Argyle Bldg. 306 E. 12TH
VI 2-3233
1.30 - 5.00

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 Robert L. Sanders

Licensed Embalmer No. 5103

P. O. Address K.C. 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.