

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27845
3746

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS City		c. CITY OR TOWN KANSAS City	
c. LENGTH OF STAY (in this place) 27 YRS		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION D.O.A. St. Joseph Hospital 90			
e. STREET ADDRESS (If rural, give location) 7429 ARKETA Blvd, 3400			

3. NAME OF DECEASED a. (First) Raymond b. (Middle) LEE c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) July 29, 1954			
5. SEX U MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov 17, 1926	9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASSISTANT MANAGER		10b. KIND OF BUSINESS OR INDUSTRY WESTERN AUTO STORE		11. BIRTHPLACE (City and State or Foreign Country) MODESTO, CALIFORNIA		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME HELEN WHITAKER	14. NAME OF HUSBAND OR WIFE NATALIE ANN WILLIAMS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. 500-20-7636	17. INFORMANT'S SIGNATURE OR NAME Mr. N. R. FISCHER	ADDRESS 1232 W 61st K.C. Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest		INTERVAL BETWEEN ONSET AND DEATH 26 24 32
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abrasions about neck head		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Part Refused	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN OR TOWNSHIP) JACKSON (COUNTY) MO (STATE) MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-29 54	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? One Car Turned Over
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)	23b. ADDRESS 1034 Pratts Blk	23c. DATE SIGNED 7-30 54
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24a. BURIAL, CREMATION REMOVAL (Specify) Entombment	24b. DATE July 31 1954	24c. NAME OF CEMETERY OR CREMATORY MT. MARIAN TEMPLE	24d. LOCATION (City, town, or county) KANSAS CITY MISSOURI (State)
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DATE REC'D BY LOCAL REG. 7-31-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SON'S	ADDRESS K.C. Mo.
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JUN 17 1951

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No. *48*

P. O. Address *Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E
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.