

FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13184**  
**1749**

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo</u> |  | c. CITY OR TOWN <u>Kansas City</u>   |  |
| c. LENGTH OF STAY (In this place) <u>few hours</u>  |  | Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>                           |  | e. STREET ADDRESS (If rural, give location) <u>5800 Crystal 300<sup>th</sup></u>   |  |

|  |                            |                         |   |
|--|----------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Raymond</u> | b. (Middle) <u>CARROLL</u> | c. (Last) <u>Church</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>4 21 56</u> |
|--|----------------------------|-------------------------|---|

|                    |                               |   |                                 |   |   |   |
|--------------------|-------------------------------|---|---------------------------------|---|---|---|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH <u>10-9-93</u> | 9. AGE (In years last birthday) <u>62</u> | 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)<br><u>CLERK SWEET PICKLE CO. AMOUR &amp; COMPANY</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|-----------------------------------|---|--|

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| 13a. FATHER'S NAME <u>ROLLIN A. CHURCH</u> | 13b. MOTHER'S MAIDEN NAME <u>BOSSIE C. CARROLL</u> | 14. NAME OF HUSBAND OR WIFE <u>MRS. PEARL CHURCH</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO. <u>510-05-2986</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PEARL CHURCH</u> ADDRESS <u>5800 CRYSTAL KANSAS CITY MO.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c).<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>   |  | <u>1 day</u>                     |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>coronary thrombosis</u><br>DUE TO (c) <u>arteriosclerosis</u> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 4-19, 1956, to 4-21, 1956, that I last saw the deceased alive on 4-21, 1956, and that death occurred at a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Nelson E. Powell, M.D.</u> (Degree or title) | 23b. ADDRESS <u>1630 Professional Bldg K.C., Mo.</u> | 23c. DATE SIGNED <u>April 21, 1956</u> |
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|   |                                |   |   |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>APR. 23, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
|---|--------------------------------|---|---|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <u>4-23-56</u> | REGISTRAR'S SIGNATURE <u>neva minshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer Sons</u> ADDRESS <u>1331 BOUSY CREEK KANSAS CITY, MO.</u> |
|---|--|---|

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

1627465-

**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 *Jess T. Deew*.....  
Licensed Embalmer No. *44*.....

P. O. Address *Tenn*.....

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