

Health, Welfare
Public Service

FILED MAR 6 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
782

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 782

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY 0510 OR 0 TOWN Overland Park
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Mary's Hospital INSTITUTION 15 Days		Length of stay in 1b	d. STREET (If outside, give location) ADDRESS 7242 Marty Drive
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First RAYMOND Middle M. Last GARMON			Month February Day 17 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 14, 1897	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. - Acme Paint Co.		10b. KIND OF BUSINESS OR INDUSTRY Warehouse	11. BIRTHPLACE (City and state or country) Patterson, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Garmon			14. MOTHER'S MAIDEN NAME Suellela Knarr		
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. 486-05-6763	17. INFORMANT Address Maxine Wilson - Kansas City, Missouri		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Nephritis		Unknown 592X
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input 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 Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 **2-2-57** to **2-17-57** and last saw ^{her} _{him} alive on **2-17-57**
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Michael Bernreiter M.D. (Degree or title)	22b. ADDRESS 436 Professional Bldg, K.C. Mo.	22c. DATE SIGNED 2/18/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/20/57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Kansas City Mo
24. FUNERAL DIRECTOR ADDRESS Stine & McClure - Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 2-19-57	26. REGISTRAR'S SIGNATURE Reva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Michael Bernreiter

MEDICAL CERTIFICATION

300
1-56

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 *Ernest L. Quinn*.....

Licensed Embalmer No. 46

P. O. Address *Kansas City*

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