

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010463
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 280 Primary Registration District No. Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <i>Platte</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Ark.</i> b. COUNTY <i>Benton</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Parkville</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Rogers</i>		8038 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Green Hills</i>		Length of stay in lb <i>1 Day</i>	d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Frederick Emerson Raw</i>			4. DATE OF DEATH Month Day Year <i>Mar 22 59</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 8 1912</i>	9. AGE (In years (birthday) MONTHS DAYS HOURS MIN.) <i>46</i>	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Coca Cola Bottling Co</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) <i>Kansas City, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13a. FATHER'S NAME <i>Arthur Raw</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Trib</i>		14. NAME OF HUSBAND OR WIFE <i>Maxine Raw</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>497-07-00</i>	17. INFORMANT Address <i>Mrs. Marion Turpin Parkville Mo</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) <i>4201</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 min</i> <i>5 yr</i>	
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 <i>3-22-59</i> to <i>3-22-59</i> and last saw ^{her} alive on <i>Did not see</i> <i>alive</i> Death occurred at <i>5-30 pm</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>A.P. Thurman MO</i>			22b. ADDRESS <i>1121st Parkville Mo</i>		22c. DATE SIGNED <i>3-23-59</i>
23a. BURIAL, CREMATION, REBURYAL (Specify) <i>BURIAL</i>	23b. DATE <i>MARCH 25, 1959</i>	23c. NAME OF CEMETERY <i>MEMORIAL PARK CEMETERY</i>		23d. LOCATION (City, town, or County) (State) <i>KANSAS CITY MISSOURI</i>	
24. FUNERAL DIRECTOR ADDRESS <i>D.W. Newcomers Sons Brick Creek Kansas City 1331</i>			25. DATE RECD. BY LOCAL REG. <i>Mar-25-1959</i>	26. REGISTRAR'S SIGNATURE <i>Alphia Rollins.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 1956

APR 25 1960



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 *Glenn S. Hill*

Licensed Embalmer No. 4586.....

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.