

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013209

STATE FILE NUMBER  
1730

FILED APR 27 1959

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

300  
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN Lincoln 0880	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. Luke's Hosp.		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Raymond George Carney		4. DATE OF DEATH Month Day Year April 5, 1959	
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 26, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Hardware	9. AGE (In years not birthday) 54
11. BIRTHPLACE (City and state or country) Henry County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME George W. Carney		13b. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Carol Carney, Lincoln, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Pancreas			INTERVAL BETWEEN ONSET AND DEATH 8 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 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? 157X 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 1946 to date and last saw him alive on Apr 5, 1959. Death occurred at 2 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Maxwell J. Berry M.D. (Degree or title)		22b. ADDRESS 315 Nichols Rd, Kansas City, Mo	
22c. DATE SIGNED Apr 5, 1959			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-5-59	23c. NAME OF CEMETERY OR CREMATORY	
24. FUNERAL DIRECTOR Fred Davis, Lincoln, Mo		25. DATE RECD. BY LOCAL REG. 4-5-59	
26. REGISTRAR'S SIGNATURE		26. REGISTRAR'S SIGNATURE Nevada Minshel	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Maxwell G. Berry

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 *John R. Didimo*  
Licensed Embalmer No. *453*  
P. O. Address *Kansas City*

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.