

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 57863-040100 STATE FILE NUMBER

FILED NOV 7 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	a. STATE MISSOURI	b. COUNTY CLAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		c. CITY OR TOWN LIBERTY	d. STREET ADDRESS (If outside, give location) ROUTE # 4
Length of stay in 1b 10 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First PHARES	Middle RACY	Last	Month October	Day 23	Year 1963
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 5-31-96	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night watchman		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Braymer, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Washington Racy			
13b. MOTHER'S MAIDEN NAME Deelie Hatton		14. NAME OF HUSBAND OR WIFE Anna Racy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WVI			16. SOCIAL SECURITY NO. VA Hospital Official Records, K.C. Mo		
17. INFORMANT Anna Racy, wife			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		

IMMEDIATE CAUSE (a) Cerebral infarction		INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		
DUE TO (b) Cerebral atherosclerosis		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized atherosclerosis, advanced.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year	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. Attended the deceased from **October 13, 1963** to **October 23, 1963**
Death occurred at **1:25** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Stephen Parks M.D.</i> STEPHEN PARKS M.D.	22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 10-23-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-25-1963	23c. NAME OF CEMETERY OR CREMATORY Veterans Cem.	23d. LOCATION (City, town, or county) (State) Wadsworth, Kans.
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24. FUNERAL DIRECTOR D.W. Newcomer's Sons - Man. City	25. DATE RECD. BY LOCAL REG. 10-24-63	26. REGISTRAR'S SIGNATURE <i>Bessie Smith</i>
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DO NOT WRITE ON THIS STUB
 AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON

STATE OF KANSAS
DEPARTMENT OF HEALTH

SEX

EMBALMENT

PLACED

DATE

TIME OF

PLACED

BY

X

EMBALMER

5-23-38

DECEASED

NAME

RESIDENCE

DATE

TIME

PLACED

U.S.A.

EMBALMENT

PLACED

DATE

TIME

PLACED

BY

DECEASED

NAME

RESIDENCE

PLACED

STATE OF KANSAS

STATEMENT BY LICENSED EMBALMER

0-38

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

Marvin D. Perister

Licensed Embalmer No.

5040

P. O. Address

No. Kan. City, 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.

20-38-01