

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032801

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4681 STATE FILE NUMBER

AMENDED

FILED OCT 4 1961

DATE AMENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JACKSON</u>	a. STATE <u>MISSOURI</u> COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>	Length of stay in 1b <u>25 YRS.</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>441 SOUTH DRURY</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>441 SOUTH DRURY</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>RAY</u> Middle <u>LOUIS</u> Last <u>CRUTCHER</u>	4. DATE OF DEATH	Month <u>SEPT.</u> Day <u>18-</u> Year <u>1961</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-16-1896</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR	IF UNDER 24 HR.
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during 1 year before death, even if retired) <u>MECHANIC</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>T.W.A.</u>	11. BIRTHPLACE (City and state or country) <u>GIRARD, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM L. CRUTCHER</u>	13b. MOTHER'S MAIDEN NAME <u>NORA CLAREY</u>	14. NAME OF HUSBAND OR WIFE <u>FAYE CRUTCHER</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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-01-0155</u>	17. INFORMANT <u>FAYE CRUTCHER</u> Address <u>441 SOUTH DRURY K.C.; MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>CARCINOMATOSIS</u>	<u>ONE MONTH</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <u>METASTATIC CARCINOMA FROM MELANOMA OF RIGHT EYE</u>	<u>TWO YEARS</u>
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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 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.)
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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
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21. I attended the deceased from FEB 1959 to SEPT 1961 and last saw him alive on SEPT 18, 1961
 - Death occurred at 6:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>William Y. Embank</u> (Degree or title)	22b. ADDRESS <u>924 Professional Bldg. KC 15, Mo.</u>	22c. DATE SIGNED <u>9-20-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>SEPT; 21, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
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24. FUNERAL DIRECTOR <u>C; H; BLACKMAN & SON INC.</u> ADDRESS <u>K. C. Mo. 9-20-61</u>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>
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INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF William Y. Embank

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.