

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

15746

State File No. 2087

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Kansas b. COUNTY Johnson				
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (In this place) 3 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Mission		17 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital D				d. STREET ADDRESS (If rural, give location) 6429 Birch Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Ruby		b. (Middle) M.		c. (Last) Bigbee		4. DATE OF DEATH (Month) (Day) (Year) May 13, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH July 10, 1889		
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Mins.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Metamora, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Potter			13b. MOTHER'S MAIDEN NAME Anna Clendin			14. NAME OF HUSBAND OR WIFE Mary K Bigbee		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 300-20-4218		17. INFORMANT'S SIGNATURE OR NAME Mrs. C. E. Garrard, Mission, Kansas				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.								
23a. SIGNATURE: E.C.H. Schmidt				23b. ADDRESS: St. Luke's Hospital		23c. DATE SIGNED: 13 May 1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5-13-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Metamora Ohio		
DATE REC'D BY LOCAL REG. 5-13-49		REGISTRAR'S SIGNATURE: Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Freeman Mortuary, Kansas City, Mo.				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Olmu C. Wedelin

Licensed Embalmer No. 3495-

P. O. Address N. 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 this body is not embalmed, fact should be so stated above.