

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16248**  
Registrar's No. **153**

BIRTH NO. _____		REG. DIST. NO. <b>146</b>		PRIMARY REG. DIST. NO. <b>3026</b>		Registrar's No. <b>153</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>Independence</b>		c. LENGTH OF STAY (in this place) <b>10 Yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>Independence</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>145 East Lexington</b>				d. STREET ADDRESS (If rural, give location) <b>145 East Lexington</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>K Det</b>			b. (Middle) <b>---</b>			c. (Last) <b>Health</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 16th, 1949</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>Jan. 11, 1880</b>	
9. AGE (In years last birthday) <b>69</b>		10. UNDER 1 YEAR Months <b>4</b>		11. UNDER 1 YEAR Days <b>5</b>		12. UNDER 1 HRS. Hours <b>---</b> Min. <b>---</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-14-1944</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Roy W. Health</b>		ADDRESS <b>Denver, Colo.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Carcinoma of liver with metastasis to intestine and stomach</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>156 H</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>Apr 6</b> , 19 <b>49</b> , to <b>May 16</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>May 16</b> , 19 <b>49</b> , and that death occurred at <b>11:40 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Ruth A. Andrusova, D.O.</b>		23b. ADDRESS <b>809 W. Lexington St. Independence, Mo</b>		23c. DATE SIGNED <b>5/17/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 18, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Jackson County Mo</b>	
DATE REC'D BY LOCAL REG. <b>May 17, 1949</b>		REGISTRAR'S SIGNATURE <b>James A. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John S. Kelly</b>		ADDRESS <b>Indep. Mo.</b>	

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

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MS APR 16 1959

**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 *Dixon L. Kepley* .....

Licensed Embalmer No. 4225 .....

P. O. Address Independence, 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.