

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29796

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5288 Registrar's No. 128

240  
3

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CLAY</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>OHIO</u> b. COUNTY <u>SUMMIT</u> |  |
| b. CITY OR TOWN <u>EXCELSIOR SPRINGS</u> c. LENGTH OF STAY (in this place) <u>1 DAY</u> |  | c. CITY OR TOWN <u>AKRON</u> <u>8340</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ONE MILE NE ON MILWAUKEE RIGHT-OF-WAY</u>    |  | d. STREET ADDRESS (If rural, give location) <u>481 TALMADGE AVENUE</u>   |  |

|   |   |
|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>RUDY</u><br>b. (Middle) _____<br>c. (Last) <u>TRNYOKOE</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>SEPT 21, 1950</u> |
|---|---|

|                    |                                 |   |                                 |   |   |  |
|--------------------|---------------------------------|---|---------------------------------|---|---|--|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>RUSSIAN</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNKNOWN</u> | 8. DATE OF BIRTH <u>UNKNOWN</u> | 9. AGE (In years last birthday) <u>ABOUT 62</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
|--------------------|---------------------------------|---|---------------------------------|---|---|--|

|   |   |  |   |
|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION HAND</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>MILWAUKEE RAILROAD</u> | 11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u> | 12. CITIZEN OF WHAT COUNTRY? <u>UNKNOWN</u> |
|---|---|--|---|

|                               |                                      |  |
|-------------------------------|--------------------------------------|--|
| 13a. FATHER'S NAME <u>UNK</u> | 13b. MOTHER'S MAIDEN NAME <u>UNK</u> | 14. NAME OF HUSBAND OR WIFE <u>UNK</u> |
|-------------------------------|--------------------------------------|--|

|   |  |  |               |
|---|--|--|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u> | 16. SOCIAL SECURITY NO. <u>279-14-6302</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>PERSONAL PAPERS</u> | ADDRESS _____ |
|---|--|--|---------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>4201</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |
| 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                              |  |  |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|--|--|

|                                       |  |   |
|---------------------------------------|--|---|
| 21a. ACCIDENT SUICIDE (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 \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |                                 |
|---|--|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>D. J. Tate M.D. Coroner 3</u> | 23b. ADDRESS <u>North Kansas City, Mo.</u> | 23c. DATE SIGNED <u>9/21/50</u> |
|---|--|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>9-26-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CLAY COUNTY CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>CHANDLER, MO.</u> |
|---|--------------------------|--|--|

|   |   |  |               |
|---|---|--|---------------|
| DATE REC'D BY LOCAL REG. <u>9/29/50</u> | REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Richard Excelsior Springs, Mo.</u> | ADDRESS _____ |
|---|---|--|---------------|



JUL 13 1957

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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

*Lindell J. Jarman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs, 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.