

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10681  
Registrar's No. 27

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>12 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas Mission</b> <b>8150</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Lindeman Nursing Home, 3537 Main St.</b>		d. STREET ADDRESS (If rural, give location) <b>5021 West 51st St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>RALPH</b> b. (Middle) <b>W.</b> c. (Last) <b>CONE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 2, 1951</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 21, 1870</b>	9. AGE (in years last birthday) <b>80</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Professor</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Paine Cone</b>	13b. MOTHER'S MAIDEN NAME <b>-</b>	14. NAME OF HUSBAND OR WIFE <b>Mable S. Cone</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>N</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Arthur R. Thompson</b>	ADDRESS <b>17 W. 58th St. KC, Mo</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>45-50</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis, generalized -</b>		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (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 July 1949, to December 29, 1950, that I last saw the deceased alive on December 29, 1950, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>A.E. Derrington</b> (Degree or title) <i>A.E. Derrington M.D.</i>	23b. ADDRESS <b>5828 Reed Road Mission</b>	23c. DATE SIGNED <b>1/3/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>1/4/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-4-51</b>	REGISTRAR'S SIGNATURE <i>Steraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b>	ADDRESS <b>Kansas City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Dr. A. E. Derrington  
5828 Reed's Road  
Dec 20 80

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

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *May E. Meyer*

Licensed Embalmer No. *1565*

P. O. Address *K.E. 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.