

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41797
5479

State File No.

FILED JAN 5 1952

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 MISSOURI b. COUNTY CLAY

b. CITY OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 3 Yrs. 9 mos.

c. CITY OR TOWN KANSAS CITY, NORTH

d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN

d. STREET ADDRESS (If rural, give location) 619 E 43rd St - 941

3. NAME OF DECEASED
a. (First) VERONICA b. (Middle) BARBARA c. (Last) RONNE

4. DATE OF DEATH (Month) (Day) (Year) Dec 18 1951

5. SEX FEMALE 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH Dec 10, 1912

9. AGE (In years last birthday) 39 10. UNDER 1 YEAR Months Days 11. UNDER 1 MIN. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MAUSTON Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME James Lima

13b. MOTHER'S MAIDEN NAME ANNA White

14. NAME OF HUSBAND OR WIFE CHRISTIAN RONNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 326-059473

17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Ronne 619 E 43rd St Kansas City North

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) Carcinoma of the Pancreas with metastases to liver + bile ducts.
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.

INTERVAL BETWEEN ONSET AND DEATH
15 1/2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 Jack H. Hill (Degree or title) M.D.

23b. ADDRESS 2501 Wyandotte St Kansas

23c. DATE SIGNED 20 Dec 51

24. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE Dec-20-1951

24c. NAME OF CEMETERY OR CREMATORY OLSON FUNERAL HOME

24d. LOCATION (City, town, or county) (State) Chicago, Illinois

DATE REC'D BY LOCAL REG. 12-20-51 REGISTRAR'S SIGNATURE Sheraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Newcomer's Sons North Kansas City, Mo

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

Welker

D. W. Newsomers
No 4000

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.

Student Embalmer No.

Signed _____

Glen H. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. *4586*

P. O. Address *Woodale 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.