

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10001

1446

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		8750	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2055 N. 27th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUTH</u>		b. (Middle) <u>ANNA</u>		c. (Last) <u>MOURNING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mch. 10, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 22, 1904</u>	
9. AGE (In years) (Last birthday) <u>48 yrs.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buffalo, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>W. R. Means</u>		13b. MOTHER'S MAIDEN NAME <u>don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Wayne Mourning</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>don't know</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wayne Mourning 2055 N. 27th K.C. Ks</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Stenosis during Cardiac Surgery</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>mitral stenosis</u>						<u>4 years</u>	
DUE TO (c) <u>Chronic Rheumatic Valvulitis</u>						<u>5 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Pulmonary Congestion</u>						<u>4 years</u>	
19a. DATE OF OPERATION <u>3-10-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>mitral stenosis - Relief by mitral commissurotomy</u>					
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, etc.; via.) _____		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 <u>Dec. 10, 1952</u> , to <u>March 10, 1953</u> , that I last saw the deceased alive on <u>March 19, 1953</u> and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Graham Asher</u> (Degree or title) <u>M.D. MD</u>				23b. ADDRESS <u>1220 Professional Bldg</u>		23c. DATE SIGNED <u>3-11-53</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>3/12/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>3-11-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. F. Pater &amp; Son Kansas City, K.</u>			

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

2118180

Commissurotomy

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 Howard J. Porter

Licensed Embalmer No. 3795

P. O. Address 19th & Minnesota K.C.

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.