

S. No. 300  
v. 10.48

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10064

State File No. ....

FILED APR 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1550

3

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>50 YEARS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>DEACON ARRIVAL AT MENORAH HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>25 WEST 57th STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>	b. (Middle) <u>J.</u>	c. (Last) <u>RUDDY SR.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 15 - 1953</u>
---	-----------------------	----------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 8 - 1896</u>	9. AGE (in years last birthday) <u>66</u>	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--	---	----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LIVESTOCK BUSINESS</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CLAY COUNTY, MO</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CHICAGO ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	--	--

13a. FATHER'S NAME <u>THOMAS P. RUDDY</u>	13b. MOTHER'S MAIDEN NAME <u>ELLEN EVANS</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. AGNES I. RUDDY</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-365423</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. AGNES I. RUDDY 25 WEST 57th ST. KANSAS CITY, MO.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>		MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH  <u>177X</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Prostate</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
--	--	---

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 June, 1951, to Mar. 15, 1953, that I last saw the deceased alive on 13 Mar, 1953, and that death occurred at 10:20A m., from the causes and on the date stated above.

23a. SIGNATURE <u>William L. Valk</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Univ. of Kansas Med. Center</u>	23c. DATE SIGNED <u>16 Mar 53</u>
---	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR 17 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-17-53</u>	REGISTRAR'S SIGNATURE <u>Sheralding Smith</u>	25. FUNERAL DIRECTOR'S NAME AND ADDRESS <u>1681 BROADWAY CREEK BRIDGE KANSAS CITY, MISSOURI</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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 Emr. Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City, 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.