

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18388

State File No. _____

201

FILED MAY 19 1953

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|---|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>146</u> | | PRIMARY REG. DIST. NO. <u>5568</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON (Rural Blue)</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | | c. LENGTH OF STAY (in this place) <u>1906</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SAWYER CONVALESCENT HOME 3716 HARDY AVENUE</u> | | | | e. STREET ADDRESS (If rural, give location) <u>29-East 29th Street 3448</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u> | | | b. (Middle) <u>NONE</u> | | c. (Last) <u>RUCKER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10 1953</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR, OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>MARCH 22 1874</u> | | |
| 9. AGE (In years last birthday) <u>79</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 2 HRS. Hours Min. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal - Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Charles Williams</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Amanda Humphrey</u> | | | 14. NAME OF HUSBAND OR WIFE <u>COLUMBUS H. RUCKER</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>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES A. RUCKER - 720 CLEVELAND AVE.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3-4 yrs</u> | |
| | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> | | | | <u>10 yrs.</u> | |
| | | | DUE TO (c) _____ | | | | | |
| | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>_____</u> | | | | | |
| 19a. DATE OF OPERATION <u>✓</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</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 bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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>August 1952</u> to <u>Present</u> , 19 <u>53</u> , that I last saw the deceased alive on _____ 19____, and that death occurred at <u>4:00</u> A.M., from the causes and on the date stated above. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Richard H. Quaid, M.D.</u> | | | | 22b. ADDRESS <u>Raytown, Mo.</u> | | 22c. DATE SIGNED <u>May 10 '53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>MAY 12 1953</u> | | 24c. NAME OF CEMETERY OR CREMATOR <u>MEMORIAL PARK CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY - MISSOURI</u> | | |
| DATE REC'D BY LOCAL REG. <u>5-12-53</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>[Signature] Kansas City Missouri</u> | | | | |

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

354-0

(Licensed Emballer'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.....
Signature of Student Embalmer

Signed *Robert Ray*.....

Licensed Embalmer No. *4187*.....

P. O. Address *Kansas*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.