

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28841

FILED SEP 11 1953

4107

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4107	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY		d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL		e. STREET ADDRESS (If rural, give location) 4819 EAST 17 th STREET	
b. LENGTH OF RESIDENCE (In this place) 48 YRS		4. DATE OF DEATH (Month) (Day) (Year) August 17 1953		5. SEX MALE		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 3 1905		9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FEED PACKER	
10b. KIND OF BUSINESS OR INDUSTRY STANDARD MILLING CO. PLANT - K. C. KANSAS		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph RUTLER	
13b. MOTHER'S MAIDEN NAME Anna SCHUSTER		14. NAME OF HUSBAND OR WIFE MARY RUTLER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 487-07-6865	
17. INFORMANT'S SIGNATURE OR NAME Miss AGNES RUTLER		ADDRESS 4819 E. 17th ST. KANSAS CITY, MO.		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) Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 1 hour			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension ?							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 8/11 1953 to Aug 17, 1953, that I last saw the deceased alive on Aug 17, 1953 and that death occurred at 1:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE I. J. Farnsworth (Degree or title)				23b. ADDRESS 1103 Grand KC Mo		23c. DATE SIGNED 8/18/53	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE Aug 20-53		24c. NAME OF CEMETERY OR CREMATORY Mt St Marys		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 8-19-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE DW Newcomer Son Kansas Mo.			

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

NOV 23 1954

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 *Ellie Kessell*.....

Licensed Embalmer No. *4690*
P. O. Address *K. C. M.*

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.