

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39036

State File No.

FILED NOV 19 1953

5123

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>5123</u>
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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
c. LENGTH OF STAY (in this place) <u>5 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1136 Ruby</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Flack</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26 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>Oct. 28 1907</u>	9. AGE (In years last birthday) <u>46</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Clerk, Tax Division</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Court House</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Kansas</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>Monty James</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Jacobs</u>		14. NAME OF HUSBAND OR WIFE <u>Chester F. Flack</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>500-22-2048</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Chester F. Flack</u> ADDRESS <u>(Kansas City)</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary fibrosis</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchiectasis</u> DUE TO (c) <u>Emphysema?</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u></p>		<p>INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>5 Days</u></p>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		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>Sept 20, 1953</u> to <u>Oct 26, 1953</u> , that I last saw the deceased alive on <u>Oct 26, 1953</u> , and that death occurred at <u>9:21 p. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>J. D. Bennett</u>		23b. ADDRESS <u>Prof. Bldg K. C. Mo</u>		23c. DATE SIGNED <u>10/27/53</u>
24a. DATE <u>Oct. 29 1953</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>		24c. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
DATE REC'D BY LOCAL REG. <u>10-28-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Simmons Funeral Home</u> ADDRESS <u>KCK</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

May E. Meyer

Licensed Embalmer No. _____

4555

P. O. Address _____

K. E. Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.