

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43217**
Registrar's No. **5578**

FILED DEC 15 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Kansas b. COUNTY Wendell	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 2 weeks		d. Is Residence within limits of a city (Incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp. & C.		e. STREET ADDRESS (If rural, give location) 2951 Cissna 3158	

3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) M.A.E. c. (Last) THORPE	4. DATE OF DEATH (Month) (Day) (Year) 11 24 53
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) Married	8. DATE OF BIRTH Feb. 12, 1885	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Her self	11. BIRTHPLACE (City and State or Foreign Country) Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Lerner	13b. MOTHER'S MAIDEN NAME Ada B. Barker	14. NAME OF HUSBAND OR WIFE Dale E. Thorpe
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Dale E. Thorpe	ADDRESS 2951 Cissna Kansas
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor, left side		INTERVAL BETWEEN ONSET AND DEATH Six mos.
	ANTECEDENT CAUSES Morbid 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. Hypertension		

19a. DATE OF OPERATION Nov 9 '53	19b. MAJOR FINDINGS OF OPERATION Glioma of left occipital region	1931	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **Nov. 9, 1953**, to **Nov. 24, 1953**, that I last saw the deceased alive on **Nov. 24, 1953**, and that death occurred at **5:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE William G. Wu (Degree or title) M.D.	23b. ADDRESS 215 Argyle Bldg.	23c. DATE SIGNED Nov. 24 '53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-24-53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Kansas
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DATE REC'D BY LOCAL REG. 11-26-53	REGISTRAR'S SIGNATURE Maedine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Echternacht	ADDRESS FUNERAL HOME 138 QUINDARO BLVD. KANSAS CITY 2, KANSAS
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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.....
Signature of Student Embalmer

Signed *Harold L. Bitternacht*

Licensed Embalmer No. *3035*

P. O. Address *C. C. Jones*

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.