

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45102

State File No. _____

FILED JAN 22 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 6172

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 OR TOWN <u>Kansas City</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"/>
c. LENGTH OF STAY (In this place) _____		e. STREET ADDRESS (If rural, give location) <u>1118 Prospect</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Rider</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 31 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>9-2-1888</u>	9. AGE (In years last birthday) (Specify) <u>65</u>	10. UNDER 1 YEAR Months _____	11. UNDER 1 YEAR Days _____	12. UNDER 1 HR. Hours _____	13. UNDER 1 MIN. Mins. _____
----------------------	-------------------------------	---	----------------------------------	---	-------------------------------	-----------------------------	-----------------------------	------------------------------

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

13a. FATHER'S NAME <u>Barber</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Burhop</u>	14. NAME OF HUSBAND OR WIFE <u>John Rider</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>Hospital Records K. C. Mo.</u>	ADDRESS _____
--	-------------------------------------	---	---------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes - Chronic cholecystitis</u>		<u>4200</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		III. ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)		
DUE TO (b) <u>Arteriosclerotic heart disease with auricular fibrillation and decompensation</u>		DUE TO (c) _____		

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) (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 Dec. 11, 1953, to Dec. 31, 1953, that I last saw the deceased alive on Dec. 31, 1953, and that death occurred at 10:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns, M.D.</u>	23b. ADDRESS <u>24th & Cherry</u>	23c. DATE SIGNED <u>1-1-1954</u>
---	---------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>1-3-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Louisburg City</u>	24d. LOCATION (City, town, or county) (State) <u>Louisburg, Kans.</u>
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>1-1-54</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ward B. Runyan</u>	ADDRESS <u>Louisburg, Kans.</u>
--	---	--	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

WRITE PLAINLY—USING UNFADING INK

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes Chronic cholecystitis</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		III. ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)		
DUE TO (b) _____		DUE TO (c) _____		

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) (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 Dec. 11, 1953, to Dec. 31, 1953, that I last saw the deceased alive on Dec. 31, 1953, and that death occurred at 10:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Westcott, M.D.</u>	23b. ADDRESS <u>KC, MO. Kansas City General Hosp.</u>	23c. DATE SIGNED <u>1/1/54</u>
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-3-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LOUISBURG CITY</u>	24d. LOCATION (City, town, or county) (State) <u>LOUISBURG - MIAMI TRAILS</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ward B. Runyan</u>	ADDRESS <u>Louisburg</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 _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.

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

1954 5-45102

Signed _____

Ward B. Rungor

Licensed Embalmer No. _____

3222

P. O. Address _____

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