

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27669**
3951

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

I. 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 (If outside corporate limits, write RURAL and give township) Kansas City

c. LENGTH OF STAY (in this place) 11 yrs

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1

a. STREET ADDRESS 438 Gladstone Blvd

3. NAME OF DECEASED (Type or Print)
a. (First) Richard b. (Middle) Sol c. (Last) Ruth

4. DATE OF DEATH (Month) (Day) (Year)
8 14 54

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED never married

8. DATE OF BIRTH 11-2-80

9. AGE (in years last birthday) 73 1/2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Chambrick Ruth

13b. MOTHER'S MAIDEN NAME Alvira Douglas

14. NAME OF HUSBAND OR WIFE single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS
Mr Henry Ruth, Stockton Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated peptic ulcer with
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized peritonitis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
5401

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (Min)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14-54, 1954, to 8-14-54, 1954, that I last saw the deceased alive on 8-14-54, 1954, and that death occurred at 5:15p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. I. Rurris M.D.

23b. ADDRESS 24 and Cherry

23c. DATE SIGNED 8-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE Aug 15 1954

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Stockton Mo.

DATE REC'D BY LOCAL REG. 8-14-54

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Hene & McClure N.C.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
B. I. Rurris M. D.

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 *Eugene L. Kennon*

Licensed Embalmer No. *46*

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.