

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5054

State File No.

652

FILED MAR 15 1955		BIRTH NO. 149 20-35		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.	
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		c. LENGTH OF STAY (in this place) 10 HRS		c. CITY OR TOWN KANSAS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOSEPH			e. STREET ADDRESS (If rural, give location) 2807 E 9TH 3188				
3. NAME OF DECEASED (Type or Print) MARY			a. (First)	b. (Middle)	c. (Last) RUGGERO		
4. DATE OF DEATH		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	
8. DATE OF BIRTH 2-12-55		9. AGE (In years last birthday)		10. MONTHS		11. YEARS 2 12 55	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME CHARLES RUGGERO		13b. MOTHER'S MAIDEN NAME NANCY GRABLE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES RUGGERO K.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity (due May 21)</u> DUE TO (c) <u>Maternal inability to carry to term</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(Repeat premature delivery)</u>				INTERVAL BETWEEN ONSET AND DEATH 10. Hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min)		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>2-12</u> , 19 <u>55</u> , to <u>2-12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-12</u> , 19 <u>55</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE A. B. Sinclair Jr. (Degree or title) MD MD				23b. ADDRESS 4711 Central Street		23c. DATE SIGNED 2-13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-14-55		24c. NAME OF CEMETERY OR CREMATORY MT ST MARY'S		24d. LOCATION (City, town, or county) (State) K.C. MO	
DATE REC'D BY LOCAL REG. 2-13-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEBETO FUNERAL HOME K.C. MO			

APR 11 1950

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.....
Sebbeto Funeral Home

Licensed Embalmer No.....

P. O. Address.....
K.E. 9

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.