

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5055

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 671	
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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 377 1/2		c. CITY OR TOWN Kansas City		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 Memorial Medical Center				STREET ADDRESS (If rural, give location) 5700 Smart Ave. 3068			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) W c. (Last) Rukwied			4. DATE OF DEATH (Month) (Day) (Year) 2-12-55				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-3-81	
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Baker		11. BIRTHPLACE (City and State or Foreign Country) Philadelphia Penn. A	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Rukwied		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE FANNIE L. Rukwied	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FANNIE L. Rukwied 5700 Smart			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-nephro-sclerosis</u> <u>Chronic</u> <u>Arterio-sclerotic Cardio-reno-vascular disease</u> <u>Ac. edema, hyperemia, hemorrhage, sepsis, lungs.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>442 X</u> <u>3 wks</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Colitis + Diverticulitis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Laennec's cirrhotic liver</u>				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) (Minute)		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 1/24, 1955, to 2/12, 1955, that I last saw the deceased give on 2/12, 1955 and that death occurred at 10:20 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Walter P. Jacob (Degree or title) M.D.				23b. ADDRESS 701 E. 63		23c. DATE SIGNED 2/12/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 15 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2-14-55 new minshall				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sheila Funeral Home K.C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Walter P. Jacob

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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 *Richard E. Carroll*.....

Licensed Embalmer No. *482*.....

P. O. Address *K.C. Mo*.....

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.