

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12137

1716

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 45 yrs.		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 St. Joseph Hospital				55 STREET ADDRESS (If rural, give location) 3640 Prospect					
3. NAME OF DECEASED (Type or Print) CORA			a. (First) I.		b. (Middle) RUBY		c. (Last)		
4. DATE OF DEATH		(Month) April		(Day) 18,		(Year) 1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 2, 1866		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Gift & card shop		11. BIRTHPLACE (City and State or Foreign Country) Van Buren Cty., Iowa		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME --- Stillwell			13b. MOTHER'S MAIDEN NAME Susan Campbell			14. NAME OF HUSBAND OR WIFE Nathan Harlan Ruby			
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 ADDRESS J. Craig Ruby, 631 East 70 St., 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage & Right hemiplegia of onset 4/7/55 Cerebral arteriosclerosis, 1945					INTERVAL BETWEEN ONSET AND DEATH 4/7/55		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension (Malignant)							
		DUE TO (c) Toxic Myocarditis and Pernicious Anemia				1954 1942			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		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 <u>1945, to</u> <u>April 18, 1955</u> , that I last saw the deceased alive on <u>Apr. 12, 1955</u> , and that death occurred at <u>1:50 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Lyle G. Willits MD				23b. ADDRESS 11036 Grand Ave		23c. DATE SIGNED 4/18/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/19/55	24c. NAME OF CEMETERY OR CREMATORY Mount Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri				
DATE REC'D BY LOCAL REG. 4-18-55		REGISTRAR'S SIGNATURE Neval Menaball		25. FUNERAL DIRECTOR'S SIGNATURE BTINE & McCLURE UND. CO.		ADDRESS K.C.MO.			

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Lyle G. Willits

Dr. Lyle G. White
1515 Prof Bldg
Vi 1319

Exp 1:50 4/21

after 11:00 pm

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 *Elmo D. Triplett*

Licensed Embalmer No. 481

P. O. Address *Kansas City*

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.