

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18831****1980**

BIRTH NO.		REG. DIST. NO. <b>149</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No. <b>1980</b>
I. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City, Missouri</b>		c. LENGTH OF STAY (In this place) <b>15 days</b>	c. CITY OR TOWN <b>St. Joseph, Mo.</b>	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 <b>St. Joseph Hospital</b>		STREET ADDRESS (If rural, give location) <b>2708 Sacramento St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>RUTH FLORENCE</b> b. (Middle) c. (Last) <b>MATTILL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 6 55</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>WH.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>6/28/01</b>	9. AGE (In years last birthday) <b>53</b> IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Mo. 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Otto F. Hanne</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Wenda</b>		14. NAME OF HUSBAND OR WIFE <b>Andrew J.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>A. Mattill</b> ADDRESS <b>St. Joseph, Mo.</b>
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pending Further Investigation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Alzheimer's disease</b> DUE TO (c) <b>idopathic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>305 X</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____ until their death occurred on _____, 19____, from the causes and on the date stated above.				
23a. SIGNATURE <b>H. Frank Holman</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>St. Joseph Hosp.</b>		23c. DATE SIGNED <b>5-6-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>5-6-55</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>
DATE REC'D BY LOCAL REG. <b>5-6-55</b>		REGISTRAR'S SIGNATURE <b>Merle Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Freeman Mortuary</b> ADDRESS <b>S. E. Mo</b>

(Licensed Embalmer's Statement on Reverse Side)

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

Child - 5-17.  
another who  
10 days -  
Ch. 5-19.  
Ch. 6-1.

MAR 23 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 29

P. O. Address F. O.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.