

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 23 1955

State File No. **37058**
4817

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>				
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>21 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4021 BELLEFONTAINE AVENUE</u>				e. STREET ADDRESS (If rural, give location) <u>4021 BELLEFONTAINE AVENUE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u>			b. (Middle) <u>O</u>		c. (Last) <u>TRUE SR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 5, 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MARCH 1, 1890</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SPECIAL AGENT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SANTA FE R.W.Y.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FAYETTE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JESSE TRUE</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>DELLA TRUE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DORSEY HAWKENBERRY</u> ADDRESS <u>K.C. Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction Acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Jan</u> , 19 <u>47</u> , to <u>Nov 5, 1955</u> , that I last saw the deceased alive on <u>Nov 1</u> , 19 <u>55</u> , and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. D. Bennett</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>409 E 63rd K.C. Mo</u>		23c. DATE SIGNED <u>NOV 7, 55</u>		
24a. BURIAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>NOV-9-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SHAWNEE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SHAWNEE KANSAS</u>			
DATE REC'D BY LOCAL REG. <u>11-8-55</u>		REGISTRAR'S SIGNATURE <u>Meva Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMERS SONS</u> ADDRESS <u>1331 BENTON CREEK KANSAS CITY, MO.</u>			

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

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 *Chester K Brown*.....

Licensed Embalmer No. *49*.....

P. O. Address *KC 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.