

FILED AUG 27 1956

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

27143

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3201

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		Jackson		a. STATE		Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Kansas City		c. CITY OR TOWN		Kansas City 3/18	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		St. Joseph Hosp.		d. STREET ADDRESS		4411 South Benton	
3. NAME OF DECEASED (Type or print)		First MIDDLE LAST		4. DATE OF DEATH		Month Day Year	
RUBY E. SHORT				July 26 1956			
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS.	
Female	White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	Jan. 23, 1926	30		Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
Housewife		Home		McComas, W. Va.		U. S. A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
Charles L. Parsell			Edna Kennett				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address			
No		231-38-6086		Carl A. Short 4411 South Benton			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulm edema due to rheum valvulitis						2 hr -	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						6 years	
DUE TO (b) Aortic mitral stenosis - rheumatic fever sequelae						4101	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED?	
Dental extractions preceding onset of pulm. edema						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT		SUICIDE		HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
20c. TIME OF INJURY		Hour a. m. p. m.		20d. INJURY OCCURRED		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
				WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 21 Oct 55 to 26 July 56 and last saw her alive on 26 July 56 Death occurred at 10:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Blaine Z. Hibbard (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
Blaine Z. Hibbard MD				411 Nichols RD KE MO		26 July 56	
23a. PERIOD OF CREMATION, (Specify)		23b. NAME OF CEMETERY OR CREMATORY		23c. LOCATION (City, town, or county)		23d. (State)	
7-29-56		Woodlawn Cemetery		Bluefield, West Virginia			
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
Melody-McGilley-Eylar 1800 E. Lin-wood			7-27-56		Neva Minshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Blair 2. Hillman  
Playa Tera Hwy  
5:30 P.M.

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 *Ivan E. Miller*

Licensed Embalmer No. *49*

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

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