

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34187

STATE FILE NUMBER

4189

Registration District No. 149 Primary Registration District No. 1002 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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital No. 1 Life				Length of stay in 182		d. STREET ADDRESS 5611 E. 56 (If outside, give location)	
3. NAME OF DECEASED (Type or print)		First Ranella		Middle Kay		Last Ranaker	
4. DATE OF DEATH		Month 9		Day 23		Year 1956	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JULY 10, 1952		9. AGE (In years last birthday) 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Chef		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Paul Ranaker				14. MOTHER'S MAIDEN NAME Erene Griffith			
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 Paul Ranaker 5611 E 56 Kansas City, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary congestion and edema with pulmonary interstitial hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ 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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Sept. 23, 1956 to Sept. 23, 1956 and last saw her alive on Sept. 23, 1956 Death occurred at 10:05 p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE B. I. Burps (Degree or title) B. I. Burps, M.D.				22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 9-25-1956	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-26-56		23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
24. FUNERAL DIRECTOR Floral Hills Chapel, Inc.		ADDRESS K. C. MO		25. DATE RECD. BY LOCAL REG. 9-25-56		26. REGISTRAR'S SIGNATURE neva minchall	

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. No standard nomenclature in item 18. No. symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

*asthma*

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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 *Eunice S. Seel*

Licensed Embalmer No. *48*

P. O. Address *KANSAS*

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.