

FILED DEC 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41711**
5213

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5213	
1. PLACE OF DEATH a. COUNTY Jackson b. CITY OR TOWN Kansas City c. LENGTH OF STAY (in this place) few hrs. d. FULL NAME OF HOSPITAL OR INSTITUTION Childrens Mercy Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 2110 Vernon			
3. NAME OF DECEASED (Type or Print) a. (First) Donna b. (Middle) Marie c. (Last) Ruff		4. DATE OF DEATH (Month) (Day) (Year) 11-27-56		5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 11/26/56		9. AGE (In years last birthday) 23		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lonnie Ruff		13b. MOTHER'S MAIDEN NAME Florence Talbot		14. NAME OF HUSBAND OR WIFE Infant			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lonnie Ruff ADDRESS 2110 Vernon			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (1190 gms.) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.				INTERVAL BETWEEN ONSET AND DEATH 29 hr.	
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) (m.)		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 11/27, 1956 , to 11/27, 1956 , that I last saw the deceased alive on 11/27/56, 1956 and that death occurred at 11:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Wayne Hart (Degree or title) MD				23b. ADDRESS Mercy Hospital		23c. DATE SIGNED 11-27-56	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 12-1-1956		24c. NAME OF CEMETERY OR CREMATORY Westlawn		24d. LOCATION (City, town, or county) (State) K.C. Kansas	
DATE REC'D BY LOCAL REG. 12-1-56		REGISTRAR'S SIGNATURE Reva Minchell		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. W. Jones		ADDRESS 440 State Ave. K.C. Kansas	

(Licensed Embalmer's Statement on Reverse Side)

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

17-1-1958
1700

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.....
Licensed Embalmer No.

P. O. Address.....

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.