

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1260**  
Registrar's No. **152**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. 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>Clay</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In place) <b>10 days</b>		c. CITY OR TOWN <b>Liberty</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>Resarch Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>114 North Jewell</b> <b>600/0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruth</b>			b. (Middle) <b>M.</b>		c. (Last) <b>Downing</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 11, 1957</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Aug. 23, 1876</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired teacher</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Bates City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>J. O. Mitchell</b>			13b. MOTHER'S MAIDEN NAME <b>Isbelle Nickell</b>		14. NAME OF HUSBAND OR WIFE <b>J. L. Downing</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Myron Wheeler 6440 Blue Ridge Rd. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Hemorrhagic Bronchitis Secondary to aspiration of gastric contents</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Gastric Cholelithiasis &amp; 10 days</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Peritonitis - Cerebral vascular accident</b>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Cardiac Decompensation 5 1/2</b>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (a.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 <b>12-29, 1956</b> , to <b>1-11, 1957</b> , that I last saw the deceased alive on <b>1-10, 1957</b> , and that death occurred at <b>3A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>James W. Willoughby MD</b> (Degree or title) _____				23b. ADDRESS <b>Kansas City, Mo.</b>		23c. DATE SIGNED <b>Jan 11, 1957</b>	
24a. BURIAL CREMATATION (Specify) <b>Burial</b>		24b. DATE <b>1-14-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Liberty, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>1-12-57</b>		REGISTRAR'S SIGNATURE <b>Reva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Lydia Parley Funeral Home Liberty, Mo</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD James W. Willoughby

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 *John R. Bidmon*.....

Licensed Embalmer No. *4531*

P. O. Address *Kansas City*.....

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.