

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

No. 300
10-48

FILED AUG 23 1957

State File No. **28224**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3668

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, give name before death.) --a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>GRANDVIEW</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>15 days</u>		e. STREET ADDRESS (If rural, give location) <u>RICHARDS-GEBAUR A.F.B. Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RUTH</u>	b. (Middle) <u>O.</u>	c. (Last) <u>COUNSELMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 3, 1957</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>12-10-1898</u>	9. AGE (In years last birthday) <u>59</u>	10. UNDER 1 YEAR Months _____ Days _____	11. OVER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work depending upon most of working life, even if retired) <u>1 SGT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S.A.F.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W.D. OGDHAM</u>	13b. MOTHER'S MAIDEN NAME <u>ETHEL MITCHELL</u>	14. NAME OF HUSBAND OR WIFE <u>Wm COUNSELMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 12mo 6 8-3-57</u>	16. SOCIAL SECURITY NO. <u>500-12-2938</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. MITCHELL OGDHAM</u>	ADDRESS <u>DAGWOOD HERES MISSOURI</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hr.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u>		<u>12 hr.</u>
	DUE TO (c) <u>Atherosclerotic Heart Disease</u>		<u>10-15 yr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4200</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 19, 1957, to August 3, 1957, that I last saw the deceased alive on August 3, 1957, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Norman Anabone M.D.</u>	23b. ADDRESS <u>4526 Paseo Kansas City, Mo.</u>	23c. DATE SIGNED <u>August 4, 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-6-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-5-57</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Berger & Sons, Inc</u>	ADDRESS <u>Grandview Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Arthur E. Bradard*

Licensed Embalmer No. 491

P. O. Address *Grandview*

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.