

Health,  
& Welfare  
Public  
Health Service

S. 300  
v. 1-57

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.

Herbert H. Virder Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY <b>Jackson</b>			a. STATE <b>Missouri</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>			b. COUNTY <b>Jackson</b>		
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Joseph's Hosp.</b>		Length of stay in lb <b>15 yrs</b>	d. STREET ADDRESS <b>1110 E. Armour</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>RUBY M. JACKSON</b>			4. DATE OF DEATH Month <b>Nov</b> Day <b>7</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-1-1893</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days <b>64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>office worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Advertising</b>	11. BIRTHPLACE (City and state or country) <b>Escanaba, Michigan</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>Charles A. Cox</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Sullivan</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>499-09-5012A.</b>		17. INFORMANT Address <b>Sister Loyola Varina, Iowa</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>metastatic Carcinoma Left Breast</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Oct 52 - Nov 57</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<b>170X</b>
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 type="checkbox"/> NO <input checked="" 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 <b>Oct 52</b> to <b>Nov. 57</b> and last saw her alive on <b>Oct 57 7 Nov 57</b> Death occurred at <b>6:50 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Herbert H. Virder, MD.</b> (Degree or title)			22b. ADDRESS <b>St Joseph Hospital KCMO</b>		22c. DATE SIGNED <b>8 Nov 57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-9-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>		23d. LOCATION (City, town, or County) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar Funeral Home</b>			25. DATE RECD. BY LOCAL REG. <b>11-8-57</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40401  
STATE FILE NUMBER  
5240

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

D. C. E. Under  
St. Joseph, Mo.



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 *James W. Wair* .....

Licensed Embalmer No. *4650* .....  
P. O. Address *K. C. Mo* .....

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.