

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17197

STATE FILE NUMBER

5924

FILED JAN 8 1958

Registration District No. 149 Primary Registration District No. C002 Registrar's No.

(S. 300  
v. 1-56

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>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Troost Home Nursing</b>			Length of stay in lb <b>14 days</b>	d. STREET ADDRESS (If outside, give location) <b>11798 Indep. Ave</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>RUBY</b>				First <b>LEE</b>		Last <b>ALEXANDER</b>	
4. DATE OF DEATH <b>Dec. 16, 1957</b>		Month <b>Dec.</b>		Day <b>16</b>		Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 24, 1899</b>		9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>57</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Teacher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (City and state or country) <b>Mountain View, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Wm. Phipps</b>				14. MOTHER'S MAIDEN NAME <b>Ester Parks</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>500-14-4630</b>		17. INFORMANT Address <b>WM. B. Alexander, 1113 W. Hayward, Indep., Mo.</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>Left Heart Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) <b>Abdominal neoplasm</b>							INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>12 hr</b> <b>1 year (?)</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) <b>Complete intestinal obstruction due to neoplasm</b>							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 <b>1:30 A.</b> 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 <b>Independence, Mo</b>		20g. COUNTY <b>Independence, Mo</b>	
20h. STATE <b>Mo</b>	21. I attended the deceased from <b>Nov 11 '57</b> and last saw her alive on <b>Dec 16-57</b> Death occurred at <b>1:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>M. L. Whetstone</b>				22b. ADDRESS <b>Independence, Mo</b>		22c. DATE SIGNED <b>12-16-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Dec. 20, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Center Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Mountain View, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>George C. Carson, Independence, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>12-16-57</b>		26. REGISTRAR'S SIGNATURE <b>neva Minshall</b>	

... in the same manner required by 193.140 MO RS 1949.

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
M. L. Whetstone

37

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 *C. Ray Londerback*

Licensed Embalmer No. 502

P. O. Address *Indep., T*

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.