

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021927
STATE FILE NUMBER

39919 58
FILED JUN 16 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2741

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rural Grand River Twp</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF DECEASED IN HOSPITAL (Give location) <u>St Joseph Hospital</u>		Length of stay in lb <u>6 days</u>	0198 STREET ADDRESS (If outside, give location) <u>6 mi W of Harrisonville</u> Inside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>RUTH ELAINE HOLBERT</u>			4. DATE OF DEATH Month Day Year <u>May 29 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 23 1958</u>
9. AGE (In years) <u>6</u> MONTHS <u>6</u> DAYS <u>6</u> HOURS <u>6</u> MIN.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kansas City Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Gloria Jean Hobbit</u>	14. NAME OF HUSBAND OR WIFE <u>Harry B Holbert</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Harry B Holbert</u> Address <u>9#3 Harrisonville Mo</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>TRACHEO-ESOPHAGEAL FISTULA</u>	<u>6 DAYS</u>
	DUE TO (c)	<u>7562</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>SCLEREMA</u>		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 5-23-58 to 5-29-58 and last saw ^{her}him alive on 5-29-58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gerald E. Hughes, M.D. (Degree or title) 22b. ADDRESS 6509 PROSPECT, KANSAS CITY, MO 22c. DATE SIGNED 5/29/58

23a. FUNERAL CREMATION, DATE May 31 1958 23b. NAME OF CEMETERY OR CREMATORY Winington Cemetery Harrisonville 23d. NAME OF FUNERAL HOME OR CREMATOR Reva Marshall

25. DATE RECD. BY LOCAL REG. 5-30-58 26. REGISTRAR'S SIGNATURE Reva Marshall

MEDICAL CERTIFICATION
Gerald E. Hughes, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.



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 *Emerl Runnenburg*

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville*

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.