

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025681

STATE FILE NUMBER

AUG 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3554

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY / OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 435 KNICKERBACHER PLACE 204		Length of stay in 1b 48	d. STREET ADDRESS (If outside, give location) 435 KNICKERBACHER PLACE
3. NAME OF DECEASED (Type or print) First MIDDLE Last RUBY ROBERTA MILLS		4. DATE OF DEATH Month Day Year July 21 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 2. DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH SEPT. 19, 1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY		10b. KIND OF BUSINESS OR INDUSTRY BROKERAGE CO.	11. BIRTHPLACE (City and state or country) WALKER, MISSOURI
13a. FATHER'S NAME ELLIS O. RAKESTRAW		13b. MOTHER'S MAIDEN NAME THRISA LAWRENCE	14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 491-05-8127	17. INFORMANT EVERETTE RAKESTRAW Address ROGERS, ARK.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Yellow atrophy Liver. cirrhosis. DUE TO (b) fat <del>Prothrombin</del> acute alcoholism DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 5811
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ <input checked="" type="checkbox"/> Death occurred at 8:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh H. Owens		22b. ADDRESS 1834 Realtobly	22c. DATE SIGNED 7-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-21-58	23c. NAME OF CEMETERY OR CREMATORY NEWTON BURIAL PARK	23d. LOCATION (City, town, or county) (State) NEVADA, MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO. ADDRESS 1331 BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 7-22-58	26. REGISTRAR'S SIGNATURE neva Marshall

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Hugh H. Owens



8h

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 Chester K Brown .....

Licensed Embalmer No. 4931 .....

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.