

FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025759

STATE FILE NUMBER

Registration District No. 148 Primary Registration District No. 1002 Registrar's No. 3424

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Shawnee</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Saukas City mo</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Topeka 8150</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lakeside</u> Length of stay in 1b <u>3 days</u>		d. STREET ADDRESS (If outside, give location) <u>1135 1/2 Saukas Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Della Sonid Root</u>			4. DATE OF DEATH Month Day Year <u>July 13-1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 28-1884</u>
9. AGE (In Years last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Winkler</u>	
13b. MOTHER'S MAIDEN NAME <u>Rosa Hull</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse Root Deceased</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT <u>Mrs. John R. Triggs</u> Address <u>809 Central Kansas City, Kans.</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>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Cystic Degeneration of Kidneys</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Rheumatic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>Unknown</u> <u>Unknown</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>7-11-58</u> and last saw her alive on <u>7-13-58</u> Death occurred at <u>12:45 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Harold W. Baine DO</u>	
22b. ADDRESS <u>4150 Hawthorn Blvd Kansas City Kansas</u>		22c. DATE SIGNED <u>7-13-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>July 15, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Ozawkie Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ozawkie, Kansas</u>	
24. FUNERAL DIRECTOR <u>Ralph Fulton K.C.K.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>7-14-58</u>	
26. REGISTRAR'S SIGNATURE <u>Neve Marshall</u>			

All diseases in Part I must be causally related.

Harold W. Baine, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Ralph Fulton*

Licensed Embalmer No. *3035*

P. O. Address *B. C. K.*

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.