Health, Welfare Public Service

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FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005947
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 865

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hospital — Length of stay in 1b 70 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 4032 Woodland — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First RUTH Middle A Last WALLER

4. DATE OF DEATH Month 2 Day 13 Year 59

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH 4-8-1888

9. AGE (In years last birthday) 70 — 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) ROUTE CLERK

10b. KIND OF BUSINESS OR INDUSTRY Western Union Co

11. BIRTHPLACE (City and state or country) KANSAS CITY, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM S. SHEPHERD

13b. MOTHER'S MAIDEN NAME VIRGINIA L. EDGAR

14. NAME OF HUSBAND OR WIFE ELDEN LEE WALLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 492-26-2763

17. INFORMANT GEO. AYLWARD JR. — COMMERCE BLDG. Address K.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Malignant Lymphoma — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2002

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1-19-59, to 2-13-59 and last saw her/him alive on 2-13-59
Death occurred at 10:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Abraham Gelperin (Degree or title)

22b. ADDRESS 24th & Cherry

22c. DATE SIGNED 2-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 2-16-59

23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.

23d. LOCATION (City, town, or county) KANSAS CITY, Mo. (State)

24. FUNERAL DIRECTOR MELLODY-MCGILLEY-EYLAR ADDRESS 1800 Linwood

25. DATE RECD. BY LOCAL REG. 2-14-59

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Abraham Gelperin

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 Melvin Bartan

Licensed Embalmer No. 4903

P. O. Address KC 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.