

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009616

STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

300  
-57

FILED APR 8 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1513

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital		d. STREET ADDRESS (If outside, give location) 2715 Holmes STREET	
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE CHARLES RALLS		4. DATE OF DEATH Month Day Year 3rd 20th 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-4-89
9. AGE (In years last birthday) 70 yrs		10. 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) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Transportation	
11. BIRTHPLACE (City and state or country) Carthage, Mo		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Ed Ralls		13b. MOTHER'S MAIDEN NAME Nettie Barnes	
14. NAME OF HUSBAND OR WIFE Mary Ralls		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	
16. SOCIAL SECURITY NO. 499-10-8285		17. INFORMANT Mary Ralls, 2715 Holmes K.C.Mo. V.A. Hospital Records, K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition and Pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchogenic carcinoma with metatasis DUE TO (c) 1621			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 February 13, 1959 to March 20, 1959 and signed the death certificate. Death occurred at 7:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE ANDREW J. RANDOLPH (Print name or title) <i>Andrew J. Randolph</i>		22b. ADDRESS MD. V.A. Hospital, K.C., Mo	
22c. DATE SIGNED 3-20-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 23, 1959	
23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or country) (State) Kansas City Missouri	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, K.C., Mo.		25. DATE RECD. BY LOCAL REG. 3-23-59	
26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.  
Andrew J. Randolph

**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 .....

Licensed Embalmer No.....

P. O. Address.....

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.