

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025387

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Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 3577 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>42 yrs.</b>		c. CITY OR TOWN <b>66 704 E. 47th St. Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4235 Locust</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>704 E. 47th</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Alberta</b> Middle <b>1</b> Last <b>Ridge</b>				4. DATE OF DEATH Month <b>July</b> Day <b>21</b> Year <b>1959</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>68</b> AGE (last birthday) <b>Sept. 17, 1890</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>West Branch, Mich.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>					
13a. FATHER'S NAME <b>Albert E. Sharpe</b>				13b. MOTHER'S MAIDEN NAME <b>Lucy Lean</b>				14. NAME OF HUSBAND OR WIFE <b>Dr. Frank I. Ridge</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Searcy Ridge, 501 E. 44th, K. C., Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Atherosclerotic Coronary Thrombosis</b> DUE TO (c) <b>Atherosclerotic Heart disease</b> 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 <b>25 MIN</b> <b>25 MIN</b> <b>5 yrs</b>					
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Death occurred at <b>6/22/54</b> to <b>7/22/59</b> and last saw her alive on <b>7/22/59</b> <b>9:10 P</b> m on the date stated above and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Robert W. Hamill</b> (Degree or title)				22b. ADDRESS <b>Kansas City, Mo</b>				22c. DATE SIGNED <b>7/22/59</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>7-24-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>D. W. Newcomer Sons</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Mo</b>							
24. FUNERAL DIRECTOR <b>Stine &amp; McClure, Kansas City, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>7-23-59</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert W. Hamill

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joe B. Yoder

Licensed Embalmer No. 4172

P. O. Address K.C.M.

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.