RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-036386

FILED VS OCT 23 1959 149 Registration District No. Primary Registration District No. 1002 Registrar's No. 4880 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY ~~Missouri~~ Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 17 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. General Hospital — Inside Limits Yes ☒ No ☐

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location) 705 East 23rd. St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ARTHUR Middle MERLE Last RUBY

4. DATE OF DEATH Month 10 Day 8 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4-7-03

9. AGE (last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forman

10b. KIND OF BUSINESS OR INDUSTRY Kansas City, Mo Street Dept.

11. BIRTHPLACE (City and state or country) Bonner Springs, Kan.

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

13a. FATHER'S NAME Frank Ruby

13b. MOTHER'S MAIDEN NAME OK Lula Ruby

14. NAME OF HUSBAND OR WIFE Ruth Ruby

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. 509-01-4048

17. INFORMANT Mrs. Ruth Ruby: Address K.C., Mo. 705 East 23rd. St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] Deputy Coroner

22b. ADDRESS 6627 Prospect Kansas

22c. DATE SIGNED 10-9-59

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

23b. DATE 10-9-59

23c. NAME OF CEMETERY OR CREMATORY Bonner Springs Cemetery

23d. LOCATION (City, town, or county) (State) Bonner Springs, Kansas

24. FUNERAL DIRECTOR ADDRESS WEILERT FUNERAL HOMES(S) K.C., Mo.

25. DATE RECD. BY LOCAL REG. 10-10-59

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Geo. C. Kealhofer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack E. Moore

Licensed Embalmer No. 4729

P. O. Address Kansas Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.