URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-011211

FILED VS APR 11 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1801 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b ~~6 days~~ 60 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAKESIDE 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) 110 E. 34th TERRACE — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First IVA Middle I Last RUCKEL

4. DATE OF DEATH Month 3 Day 27 Year 60

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Sept 12-83

9. AGE (last birthday) 76 — 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) RETIRED-NURSE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Kansas -

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

13a. FATHER'S NAME Samuel Ruckel

13b. MOTHER'S MAIDEN NAME —

14. NAME OF HUSBAND OR WIFE —

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. —

17. INFORMANT Address Mrs Janette Cory - Emporia Kansas -

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Cerebral Hemorrhage | 6 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Hypertension | 2 yrs. |
| DUE TO (c) | Arterio-sclerosis | 20 yrs |

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 June 1947, to March 27 1960 and last saw her/him alive on March 27 1960
Death occurred at Lakeside Hospital 101P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Van Nye D.V.

22b. ADDRESS 3100 Troost Kansas City Mo.

22c. DATE SIGNED 3/27/60

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

23b. DATE 3/29/60

23c. NAME OF CEMETERY OR CREMATORY Belton, Mo

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

24. FUNERAL DIRECTOR E. K. George & Sons ADDRESS Belton, Mo

25. DATE RECD. BY LOCAL REG. 3-28-60

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF J. S. Van Nye

801-5482

**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 Sterling E. Goddar

Licensed Embalmer No. 491

P. O. Address Grandvi

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