

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JUL 5 1960 149

=60-023357

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 3287 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>31 Yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>369 No Chelsea</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>GEORGE</u> Last <u>RIDLEY</u>				4. DATE OF DEATH Month <u>June</u> Day <u>20</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5/14/1896</u>		9. AGE (last birthday) <u>64</u>		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) <u>Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>MOP Railroad</u>			11. BIRTHPLACE (City and state or country) <u>Kansas City Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME _____				13b. MOTHER'S MAIDEN NAME <u>May Welch</u>				14. NAME OF HUSBAND OR WIFE <u>Alice R Ridley</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WWI</u>				16. SOCIAL SECURITY NO. _____				17. INFORMANT <u>Mrs Alice Ridley 369 No Chelsea K C Mo</u> Address _____					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction - tamponade. Appr. 9 hours</u>										INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Coronary artery occlusion, hypertensive cardiac disease.</u>													
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PerIPHERAL vascular disease, hiatus hernia.</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.		Month, Day, Year _____											
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 <u>November 8, 1953</u> to <u>June 20, 1960</u> and last saw him <sup>11/</sup> alive on <u>May 23, 1960</u> Death occurred at <u>5:15 a. m</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Re Castles</u> (Degree or title) <u>M. D.</u>						22b. ADDRESS <u>1002 Argyle Bldg., 306 E. 12th St. Kansas City 6, Missouri</u>				22c. DATE SIGNED <u>6-21-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-22-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>					
24. FUNERAL DIRECTOR <u>Sheil Funeral Home Kansas City Mo</u>					ADDRESS		25. DATE RECD. BY LOCAL REG. <u>6-21-60</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Castles

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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