

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009099

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1447

AMENDED

FILED APR 6 1961

|                                                                                                         |  |                                                                                                                                         |                                                                           |
|---------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>                                                           |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b> |                                                                           |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>                 |  | Length of stay in 1b<br><b>56 years</b>                                                                                                 | c. CITY OR TOWN<br><b>KANSAS CITY</b>                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>4428 FLORA AVENUE</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                    | d. STREET ADDRESS (If outside, give location)<br><b>4428 FLORA AVENUE</b> |
|                                                                                                         |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                   |                                                                           |

|                                                                                                                       |                                  |                                                                                                                                                             |                                                                       |                                                     |                                                          |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>LUCETTIA JANE RUEDE</b>                                |                                  |                                                                                                                                                             | 4. DATE OF DEATH<br>Month Day Year<br><b>MARCH 18 1961</b>            |                                                     |                                                          |
| 5. SEX<br><b>FEMALE</b>                                                                                               | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8/22/1873</b>                                  | 9. AGE (last birthday)<br><b>87</b>                 | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Homemaker</b>       |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Domestic</b>                                                                                                        | 11. BIRTHPLACE (City and state or country)<br><b>Mercer, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>      |                                                          |
| 13a. FATHER'S NAME<br><b>Ben Walker</b>                                                                               |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Aliva Watson</b>                                                                                                            |                                                                       | 14. NAME OF HUSBAND OR WIFE<br><b>Paul Y. Ruede</b> |                                                          |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> |                                  | 16. SOCIAL SECURITY NO.<br>-----                                                                                                                            | 17. INFORMANT Address<br><b>Paul Y. Ruede, 4428 Flora K.C.Mo.</b>     |                                                     |                                                          |

|                                                                                                                                                                       |  |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                    |  |                                  |

|                                                                                                                                   |  |                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|-----------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                   |                                                                                                           |                                                                                              |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____<br>a.m. _____<br>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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 1:30 A. \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

|                                                       |                                          |                                    |
|-------------------------------------------------------|------------------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>Hugh Owens</b> | 22b. ADDRESS<br><b>152 Union Station</b> | 22c. DATE SIGNED<br><b>3-20-61</b> |
|-------------------------------------------------------|------------------------------------------|------------------------------------|

|                                                    |                               |                                                                     |                                                                              |
|----------------------------------------------------|-------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------|
| 23. BURIAL REMOVAL (Specify)<br><b>High Burial</b> | 23b. DATE<br><b>3/20/1961</b> | 23c. NAME OF CEMETERY OR CREMATORIUM<br><b>Forest Hill Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City Missouri</b> |
|----------------------------------------------------|-------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------|

|                                                                             |                                                |                                                  |
|-----------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|
| 24. FUNERAL DIRECTOR ADDRESS<br><b>D.W. NEWCOMER'S SONS KANSAS CITY MO.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>3-21-61</b> | 26. REGISTRAR'S SIGNATURE<br><b>Ruth H. Long</b> |
|-----------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

Owens

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address K P MO

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.

*Dr. Hugh Henry Brown  
152 Madison Street*