

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032237

STATE FILE NUMBER

AMENDED

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>CLAY</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>LIBERTY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>2 1/2 YEARS</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>ODD FELLOWS HOME</u>		d. STREET ADDRESS (If outside, give location) <u>4428 FLORA AVENUE</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>PAUL</u> Middle <u>Y.</u> Last <u>RUEDE</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>30</u> Year <u>61</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jul 8, 1892</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LINEMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. POWER & LIGHT</u>		11. BIRTHPLACE (City and state or country) <u>WOODVILLE, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES H. RUEDE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH BELLE HAND</u>	
14. NAME OF HUSBAND OR WIFE <u>LUCETTIA RUEDE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I.</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>MISS CARRIE RUEDE</u>		Address <u>4428 FLORA K.C., Mo.</u>			

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>Coronary artery disease</u>	INTERVAL BETWEEN ONSET AND DEATH <u>Weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Atherosclerosis</u>	<u>3 years</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)

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 July 259 to Sept 29-61 and last saw him alive on Sept 29-61
Death occurred at 12:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D. Wm H. Garrison

22b. ADDRESS Liberty Mo

22c. DATE SIGNED 10-1-61

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

23b. DATE Oct. 2, 1961

23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY

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

24. FUNERAL DIRECTOR ADDRESS FREEMAN MORTUARY KANSAS CITY, Mo.

25. DATE RECD. BY LOCAL REG. 10-2-61

26. REGISTRAR'S SIGNATURE Mabel Graham

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 10 1961

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 Clayton K. Barnes

Licensed Embalmer No. 4793

P. O. Address K.C., 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.