

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 1432  
47

FILED JAN 29 1949

No. 300  
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
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>9th St. Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>6 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>K. C. Mo</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1015 W. 59th. St.</u>				
3. NAME OF DECEASED (Type or Print) <u>Ruth Kirk Sterling</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)		
<u>1-1-49</u>		<u>1-</u>		<u>1-</u>		<u>49</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 16, 1910</u>		
9. AGE (In years last birthday) <u>38</u>		if UNDER 1 YEAR		if UNDER 1 MONTH		if UNDER 1 HOUR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				13a. FATHER'S NAME <u>Robert E. Sterling</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Kirk</u>		
14. NAME OF HUSBAND OR WIFE <u>none</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>No</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Anita S. Kasson</u>				ADDRESS <u>1015 W. 59th St</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous</u>  ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of the ovary</u> DUE TO (c) <u>none</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>175</u>					INTERVAL BETWEEN ONSET AND DEATH <u>July '48</u>	
19a. DATE OF OPERATION <u>July 48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinomatous.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>June 1948</u> to <u>June 1, 1949</u> , that I last saw the deceased alive on <u>June 31, 1948</u> and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Arnold V. Arms</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Plaza Med Bldg Kc Mo</u>		23c. DATE SIGNED <u>1/3 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-5-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE</u>		ADDRESS <u>3235 GILLHAM PLAZA</u>		

Dr. Peter S. ...  
Arnold ...  
Plaza ...

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 .....  
Student Embalmer

Signed Robert H. Reed

Licensed Embalmer No. 3245

P. O. Address H. C. ...

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 this body is not embalmed, fact should be so stated above.