

FILED MAR 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5197  
951

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>KANSAS</u> b. COUNTY <u>LINN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>9 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MOUND CITY</u> <u>8150</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LUKES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH A.</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>2/26/1952</u>				
5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5/23/1894</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHEVY.AGENCY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>R. I. PEATMAN</u>		13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. DOROTHY PEATMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. DOROTHY PEATMAN MOUND CITY, KS</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>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis 4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>  <u>4-5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/26</u> , 19 <u>52</u> , to <u>2/26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/26</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl B. Schutz MD</u> (Degree or title)				23b. ADDRESS <u>320 W 47th St.</u>		23c. DATE SIGNED <u>2/26/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>2/27/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUND CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MOUND CITY, KANSAS</u>		
DATE REC'D BY LOCAL REG. <u>2-28-52</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>GATES FUNERAL HOME, KANSAS CITY, KANSAS</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Carl Sch  
32 W. 47<sup>th</sup> St  
We 4928  
10:30

APR 18 1950

DEC 13 1950

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Jimmy S. Huber*  
Licensed Embalmer No. *4092*

P. O. Address *Missis. Kan.*

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.