

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28246**
3521

FILED AUG 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3521</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Utah</u> b. COUNTY <u>Salt Lake</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo</u>		c. LENGTH OF STAY (In this place) <u>19 1/2 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salt Lake City, Utah</u>		8430	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Children's Mercy Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>336 South Fourth East Salt Lake City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LYNNE</u>		b. (Middle) <u>ROE</u>		c. (Last) <u>Ralston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 3 52</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>Feb. 28, 1946</u>	
9. AGE (In years last birthday) <u>6</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>6</u> UNDER 1 YEAR: Months <u>5</u> Days <u>5</u> 1 YEAR: Hours <u>5</u> Min.	
11. BIRTHPLACE (State or foreign country) <u>Beverly California</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Russell Ralston</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Ganet</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florence Ralston</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Anterior (Buller) Poliomyelitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				0800	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)		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>Aug. 2</u> , 19 <u>52</u> , to <u>Aug. 3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug. 3</u> , 19 <u>52</u> , and that death occurred at <u>4:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>David M. Gibson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>5525 Central, K.C. Mo.</u>		23c. DATE SIGNED <u>8-3-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug. 6/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-6-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speck</u> ADDRESS <u>Indep. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Roland R. Jenke

Licensed Embalmer No. *3604*

P. O. Address *Friday, MD*

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.