No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34929

FILED NOV 8 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4425

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wilson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neodesha,
d. STREET ADDRESS (If rural, give location): 708 1/2 Main St.

8159

3. NAME OF DECEASED (Type or Print)
a. (First): Ralph
b. (Middle): Forrest
c. (Last): Church

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: March 28, 1882
9. AGE (In years last birthday): 70 years — 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): Retired Locomotive
10b. KIND OF BUSINESS OR INDUSTRY: Engineer-Mo. Pac. R.R.
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Reuben Church
13b. MOTHER'S MAIDEN NAME: ------ Shane
14. NAME OF HUSBAND OR WIFE: Mrs Lilah Church

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 702-16-7594
17. INFORMANT'S SIGNATURE OR NAME: Raphael Church — ADDRESS: 13002 Barlin, Downey, Cal.

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) Calcific Aortic Stenosis with

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

~~DUE TO (b)~~ Congestive Heart Failure

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

4211

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6.05 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE Angelo Lapi (Degree or title) autopsy surgeon
Angelo Lapi M.D.
23b. ADDRESS: 101 Memorial Drive
23c. DATE SIGNED: 10/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal (auto)
24b. DATE: 10-11-52
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Ossawotomie, Kas.

DATE REC'D BY LOCAL REG.: 10-11-52
REGISTRAR'S SIGNATURE: Geraldine Smith
FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Thos. E. Quirk 4316 Troost K.C. Mo.

(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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Thomas E. Lu

Signed.....
Student Embalmer

Licensed Embalmer No. 3773

P. O. Address R. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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