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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35178

FILED OCT 25 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 6002 Registrar's No. 4355

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): 18 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 3050 HARRISON STREET

2438

3. NAME OF DECEASED (Type or Print)
a. (First): EZEKIEL
b. (Middle): BURTON
c. (Last): RUDDICK

4. DATE OF DEATH (Month) (Day) (Year): OCT. 3. 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUG. 3. 1877
9. AGE (In years last birthday): 75
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 EMPLOYEE
10b. KIND OF BUSINESS OR INDUSTRY: LEED T.B. HOSPITAL
11. BIRTHPLACE (City and State or Foreign Country): GARFIELD ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: JOSEPH RUDDICK
13b. MOTHER'S MAIDEN NAME: SARAH C. TAYLOR
14. NAME OF HUSBAND OR WIFE: MRS. EFFIE LEWIS RUDDICK

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.: 499-07-4878A
17. INFORMANT'S SIGNATURE OR NAME: ROGER R. RUDDICK
ADDRESS: 4001 KENWOOD KANSAS CITY, MO.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute epididymitis hyperplasia of prostate

19a. DATE OF OPERATION: 9-27-52
19b. MAJOR FINDINGS OF OPERATION: Benign adenomatous hyperplasia of prostate
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* 6:15 A. *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: 107 Memorial Drive
23c. DATE SIGNED: 10/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: Oct-6-1952
24c. NAME OF CEMETERY OR CREMATORY: Rogers Cemetery
24d. LOCATION (City, town, or county) (State): Rogers Arkansas

DATE REC'D BY LOCAL REG.: 10-6-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: O. H. Newcomer's Sons
ADDRESS: 1331 Brush Creek Kansas City 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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Robert C. Hesson

Licensed Embalmer No. 4849

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