

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

State File No. **43121**  
**5899**

FILED DEC 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>3 YEARS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4537 BROADWAY</b>		d. STREET ADDRESS (If rural, give location) <b>19 4537 BROADWAY</b>	
3. NAME OF DECEASED (Type or Print) <b>MABEL</b>		a. (First) <b>RALPH</b>	b. (Middle)
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>MAR. 20 - 1885</b>	
9. AGE (in years last birthday) <b>68</b>		10. KIND OF BUSINESS OR INDUSTRY <b>---</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>RAY COUNTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JESSE B.</b>		13b. MOTHER'S MAIDEN NAME <b>RALPH MINNIE PERDUE</b>	
14. NAME OF HUSBAND OR WIFE <b>---</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. E. P. TYNER</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS <b>6130 OAK STREET KANSAS CITY, MO.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adeno-Carcinoma of Colon</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 months</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>with extensive metastases</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>---</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>9-1-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>above diagnosis</b>	
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 <b>8-14, 1953</b> , to <b>12-15, 1953</b> , that I last saw the deceased alive on <b>12-4, 1953</b> , and that death occurred at <b>7:15 Am.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>V. N. Ketcham</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>KC MO</b>	
23c. DATE SIGNED <b>12/15/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>DEC-17-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>O. H. Newsome's Sons</b>	
DATE REC'D BY LOCAL REG. <b>12-16-53</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	
25. ADDRESS <b>331-3359 CREEK KANSAS CITY, MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>O. H. Newsome's Sons</b>	

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 Ray*

Licensed Embalmer No.

*4182*

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.