

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 215

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>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>1 Week</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteo. Hosp. 11<sup>th</sup> Harrison</u>		e. STREET ADDRESS (If rural, give location) <u>637 South 3<sup>rd</sup> St. B15-8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucille</u> b. (Middle) <u>Ruel</u> c. (Last) <u>Ruel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-13-54</u>	
5. SEX <u>Female</u>	6. COLOR, OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-16-1900</u>
9. AGE (In years last birthday) <u>53</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Jose Ruel</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>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jose Ruel</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emphysema</u> DUE TO (c) <u>Chronic Lung Disease</u>		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(c) Hysterectomy - fibroid uterus</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) (Min.)	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 Aug 1952, to Jan 13, 1954, that I last saw the deceased alive on Jan 13, 1954, and that death occurred at 2 P. m. from the causes and on the date stated above.

23a. SIGNATURE A. I. Antry (Degree or title) 23b. ADDRESS D.O. 24949 Swape Parkway 23c. DATE SIGNED JAN 14 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 1-15-54 24c. NAME OF CEMETERY OR CREMATORY St. Marys 24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 1-14-54 REGISTRAR'S SIGNATURE Seraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE B. C. Wheelwright ADDRESS P. O. 8. Mo.

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

wa 7383

**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.....  
Signature of Student Embalmer

Signed..... *B. E. Weiland* .....

Licensed Embalmer No. *4072*

P. O. Address *R. C. S. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.