FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19121

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2695

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): 2 Weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Mo.

b. COUNTY: Ray

c. CITY OR TOWN: Orrick

d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ Yes

e. STREET ADDRESS (If rural, give location): 0890

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

4. DATE OF DEATH (Month) June (Day) 10 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 16, 1883

9. AGE (In years last birthday): 70 | 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): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (City and State or Foreign Country): Albany, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Thomas Rothrock

13b. MOTHER'S MAIDEN NAME: Florence Wall

14. NAME OF HUSBAND OR WIFE: Afton Ralph

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.: —

17. INFORMANT'S SIGNATURE OR NAME: Afton Ralph ADDRESS: Orrick, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Bladder

ANTECEDENT CAUSES

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

DUE TO (b) Diabetic Coma

DUE TO (c) Coronary disease

II. OTHER SIGNIFICANT CONDITIONS

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

INTERVAL BETWEEN ONSET AND DEATH: 1817

19a. DATE OF OPERATION: 6/2/54

19b. MAJOR FINDINGS OF OPERATION: Cancer bladder (advanced)

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* 5/25, 1954, *to* 6/10, 1954, *that I last saw the deceased alive on* 6/10, 1954, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. G. Montgomery (Degree or title) M.D. 23b. ADDRESS: Professional Bldg. K.C. Mo. 23c. DATE SIGNED: 6/12/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 13, 54

24c. NAME OF CEMETERY OR CREMATORY: South Point

24d. LOCATION (City, town, or county) (State): Orrick, Mo.

DATE REC'D BY LOCAL REG.: 6-15-54

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE: B. W. Good ADDRESS: Orrick, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No...4.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.