

WED AUG 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22503**

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>275</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>2 months</u>		c. CITY OR TOWN <u>Kansas City</u>		d. In residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>619 Charles Court</u>				e. STREET ADDRESS (If rural, give location) <u>2616 Holmes</u> <u>3438</u>					
3. NAME OF DECEASED (Type or Print) <u>LETRUDE</u>			a. (First)		b. (Middle) <u>-</u>		c. (Last) <u>RANSON</u>		
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>25</u>		(Year) <u>1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input checked="" type="checkbox"/> DIVORCED (Specify)		8. DATE OF BIRTH <u>March-2-1868</u>			
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>+</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rose Clair Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. 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>At Home</u>		13a. FATHER'S NAME <u>John M. Finney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wiley</u>			
13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (See instructions) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Marion Finney St. Louis Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Ranson</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Coronary insufficiency</u> <u>Arterio Sclerotic heart disease</u> ANTECEDENT CAUSES DUE TO (b) <u>3rd degree Atrioventricular block</u> DUE TO (c) <u>4200</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks 6 d.</u> <u>Max known</u> <u>2 wks</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) m.		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 <u>6-26</u> , 19 <u>55</u> , to <u>7-25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-25</u> , 19 <u>55</u> , and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles Watson Jr. M.D.</u>				23b. ADDRESS <u>Independence Mo</u>		23c. DATE SIGNED <u>7-26-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 28 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McWhashington Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-28-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>354 E. H. Blackman Son Inc. K.C. Mo.</u>			

WRITE PLAINLY—USING UNFADEING 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.....  
Signature of Student Embalmer

Signed..... *Bert B. Benne*

Licensed Embalmer No. *465*

P. O. Address *K. C. Va.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.