

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13181

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1619	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If not in corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 60 yrs		c. CITY OR TOWN Kansas City		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 1206 Ewing				e. STREET ADDRESS (If rural, give location) 1913 Chelsea 32nd			
3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) EDNA c. (Last) CASEY			4. DATE OF DEATH (Month) (Day) (Year) April - 12 - 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 26 - 1893		9. AGE (In years last birthday) 82	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) Co. Owner		10b. KIND OF BUSINESS OR INDUSTRY Nursing Home		11. BIRTHPLACE (City and State or Foreign Country) Winthrop Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. A. Mathis		13b. MOTHER'S MAIDEN NAME Josephine Prindle		13c. NAME OF HUSBAND OR WIFE Wm. Thomas Casey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Carrie E. Whitcraft 1913 Chelsea K.C. 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) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ess. Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 30 min. 1 yr. 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 April 8, 1956 to April 11, 1956 that I last saw the deceased alive on April 10, 1956 and that death occurred at 8 A. M., from the causes and on the date stated above.							
23a. SIGNATURE J. J. Pocisk				(Degree or title) D.O.		23b. ADDRESS 6518 Independence Ave	
23c. DATE SIGNED 4/12/56							
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE April 14 - 1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 4-14-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE C. H. Blackman Jan Inc K.C. Mo.			

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. Bennie*

Licensed Embalmer No. *465*

P. O. Address *Kansas*

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.