

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

1978

FILED FEB 18 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 415

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 outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY KANSAS City OR TOWN KANSAS City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES Hospital			Length of stay in lb 59 YEARS			d. STREET ADDRESS 4800 JARBOE (If outside, give location)	
3. NAME OF DECEASED (Type or print) First CAROLINE Middle M. Last Ruppelius				4. DATE OF DEATH JAN-24-1957 Month Day Year			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH FEB-9-1883	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TYPIST CLEAR K.C. Health Dept.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) OSWEGO KANSAS				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME JACOB RUPPELIUS				14. MOTHER'S MAIDEN NAME BERTHA J. BUCHNER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 487-05-9467		17. INFORMANT Miss EDNA E. RUPPELIUS Address 4800 JARBOE ST. KANSAS CITY, MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left hydro-nephrositis, glaucoma, arteriosclerosis + hyperostosis of Carotens with atherosclerosis						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)				171X	
		DUE TO (c) Carcinoma of cervix April 1953 (Radiation Therapy)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			0				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from April 1953 to 1-24-57 and last saw her alive on 1-24-57 Death occurred at 3:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R.R. Coffey M.D. (Degree or title)				22b. ADDRESS Kansas City, Missouri		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN-28-1957	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
24. FUNERAL DIRECTOR D.W. NEWCOMER SONS BRUSH CREEK BLVD ADDRESS 1331 K.C. Ma			25. DATE RECD. BY LOCAL REG. 1-28-57		26. REGISTRAR'S SIGNATURE Neva Marshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Deduct, Colander, etc. must be causally related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related.

NOV 2 1968

moose

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 *Raymond M. Hardy*

Licensed Embalmer No. *41*

P. O. Address *Indep.*

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.