

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31905**
 Registrar's No. **3925**

FILED SEP 19 1957

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3925	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Nemaha			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 75 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sabetha City			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes				d. STREET ADDRESS (If rural, give location) Unknown			
3. NAME OF DECEASED (Type or Print) a. (First) Ruth			b. (Middle) Inez		c. (Last) Haynes		4. DATE OF DEATH (Month) (Day) (Year) Aug. 20 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-17-1892	9. AGE (In years, last birthday) 64	MONTHS 1	DAYS 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Jackson Bern, Kansas		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Unknown Frederick Minger		13b. MOTHER'S MAIDEN NAME Unknown Mary Susan Rickard		14. NAME OF HUSBAND OR WIFE Arthur H. Haynes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ND		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. R. J. Bowles 9530 Fargo Chicago, Ill.			
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* (a) Carcinoma of the ovary ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 18 mo 175+	
19a. DATE OF OPERATION June 1956		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Ovary				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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)		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 March 1956 to Aug 20 1957 , that I last saw the deceased alive on Aug 20 1957 and that death occurred at 9:22 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Maxwell G. Berry M.D.				23b. ADDRESS 315 Nichols Road Kansas City		23c. DATE SIGNED Aug 20 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 21, 1957		24c. NAME OF CEMETERY OR CREMATORY —		24d. LOCATION (City, town, or county) (State) Sabetha, Kansas	
DATE REC'D BY LOCAL REG. 8-21-57		REGISTRAR'S SIGNATURE neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph Fulton, Kansas			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Maxwell G. Berry



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
Student Embalmer

Signed Ralph Fulton

Licensed Embalmer No. 5035

P. O. Address H. C. K.

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 this body is not embalmed, fact should be so stated above.