

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1412**
Registrar's No. **127**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 127	
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, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 35 yrs.		c. CITY OR TOWN Kansas City		d. 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 1601 East 8th Street				STREET ADDRESS (If rural, give location) 1601 East 8th Street			
3. NAME OF DECEASED (Type or Print) a. (First) Ray b. (Middle) Clarendon c. (Last) Ruland			4. DATE OF DEATH (Month) (Day) (Year) January 8, 1958				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 23, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sheriff (18 yrs.)		10b. KIND OF BUSINESS OR INDUSTRY Jackson County		11. BIRTHPLACE (City and State or Foreign Country) Augusta, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Clarendon Ruland		13b. MOTHER'S MAIDEN NAME Alta Brockett		14. NAME OF HUSBAND OR WIFE Leah W. Ruland			
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. 494-16-5122		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louise W. Eaves 817 Jefferson, K.C., Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease					
		DUE TO (c) Obesity				42.7³	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/>	
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 3-25 , 19 17 , to Death, 19 58 , that I last saw the deceased alive on 12-18 , 19 57 and that death occurred at 6:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE W. W. Greene M.D. (Degree optional)				23b. ADDRESS 4620 J.C. Nichols Parkway		23c. DATE SIGNED 1-9-58	
24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE 1/10/1958	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Wichita, Kansas		
DATE REC'D BY LOCAL REG. 1-9-58		REGISTRAR'S SIGNATURE Neva Minshel		25. FUNERAL DIRECTOR'S SIGNATURE D. W. NEWCOMER'S SONS		ADDRESS Missouri No. Kansas City 16,	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. W. Greene

FEB 3 1958



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 *John H. Kalsbeek*

Licensed Embalmer No. *4949*

P. O. Address *W. Kansas City*

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.