

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022078
STATE FILE NUMBER 3063

FILED JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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| 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 OR TOWN KANSAS CITY |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2858 E. 7 St. | | Length of stay in lb 35 yrs | d. STREET ADDRESS (If outside, give location) 2858 E. 7 St. |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last RUTH E SHULTZ | | | 4. DATE OF DEATH Month Day Year JUNE 19 1958 | | |
|---|--|--|--|--|--|

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|------------------|---------------------------|--|-------------------------------------|---------------------------------------|---|------------------|
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> 4 | 8. DATE OF BIRTH JANUARY 24 1898 | 9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE | 10b. KIND OF BUSINESS OR INDUSTRY HER | 11. BIRTHPLACE (City and state or country) CINCINNATI, OHIO | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME CLERANCE L. YOUNG | 13b. MOTHER'S MAIDEN NAME IDA G. TILLIE | 14. NAME OF HUSBAND OR WIFE |
|---|--|-----------------------------|

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|---|---------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, for or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. None | 17. INFORMANT BERTHA C. TOTMAN-2858 E 7 St. K.C. MO. | Address |
|---|---------------------------------|---|---------|

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of uterine cervix & invasion of color, bladder and vagina DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH 4 years 171X |
| 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 checked="" type="checkbox"/> |

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| 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. | | |

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|---|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT <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 5-14-57 to 6-19-58 and last saw her alive on 6-19-58
Death occurred at 3:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Wilson H. Miller, M.D. | (Degree or title) | 22b. ADDRESS 4620 Independence Road Kansas City, Mo | 22c. DATE SIGNED 6-19-58 |
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|---|----------------------------|--|---|---------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE JUNE 21, 1958 | 23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN | 23d. LOCATION (City, town, or county) KANSAS CITY, MO. | (State) |
|---|----------------------------|--|---|---------|

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| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S KANSAS CITY, MO. | ADDRESS 6-19-58 | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE Newcomer |
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WILSON H. MILLER USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Annotations in Part I must be causally related.

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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 *Vern Lawler*

Licensed Embalmer No. *4915*

P. O. Address *KC MO*

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.