

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3978 - 61-029579  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3978

AMENDED

**FILED AUG 28 1961**  
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 (LEEDS) KANSAS CITY Length of stay in 1b 60 YEARS

c. CITY OR TOWN (LEEDS) KANSAS CITY Inside Limits Yes  No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3927 FREMONT AVENUE Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 3927 FREMONT AVENUE Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
EMMA JEANETTE RAVENSCROFT

4. DATE OF DEATH Month Day Year  
8 8 1961

5. SEX FEMALE

6. COLOR OR RACE CAUCASIAN

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 11-3-73

9. AGE (last birthday) 87

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE - AT HOME

10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC

11. BIRTHPLACE (City and state or country) STURGEON, MO.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME WILLIAM PHILLIPS

13b. MOTHER'S MAIDEN NAME MARGARET ANN ROTHROCK AUSTIN

14. NAME OF HUSBAND WILLIAM B. RAVENSCROFT

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. NONE

17. INFORMANT Address MRS. DOROTHY OWENS, PLEASANT HILL, 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) myocarditis  
DUE TO (b) arteriosclerosis  
DUE TO (c) senility

INTERVAL BETWEEN ONSET AND DEATH  
5 yrs  
10 yrs  
10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) pedage.

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1957 to Aug 8, 1961 and saw her him alive on Aug 8, 1961. Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. B. Casebolt MD

22b. ADDRESS 4000 Parkway Ave

22c. DATE SIGNED 8-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE AUG. 10, '61

23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY

23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS 1331 BRUSH CR. KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG. 8-10-61

26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF M. B. Casebolt

**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 K C 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.