

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044999

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 6301

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN

Kansas City

Length of stay in 1b

3 yrs.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Woodland Nursing Home  
512 Woodland

Inside Limits

Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY OR TOWN

Kansas City

Inside Limits

Yes  No

d. STREET ADDRESS (If outside, give location)

914 Linwood Blvd.

Reside on Farm

Yes  No

3. NAME OF DECEASED (Type or print)

First

MILDRED

Middle

HOWE

Last

RIDGWAY

4. DATE OF DEATH

Month

12

Day

13

Year

61

5. SEX

Female

6. COLOR OR RACE

White

7. Married  Never Married   
Widowed  Divorced

8. DATE OF BIRTH

7-4-79

9. AGE (last birthday)

82

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)

Registered Nurse

10b. KIND OF BUSINESS OR INDUSTRY

Prof. Nursing

11. BIRTHPLACE (City and state or country)

Dromore County  
Tyrone, Ireland

12. CITIZEN OF WHAT COUNTRY

"unknown"

13a. FATHER'S NAME

Patrick Mooney

13b. MOTHER'S MAIDEN NAME

Anne Mahoney

14. NAME OF HUSBAND OR WIFE

Grundy F. Ridgway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Mrs. Hazel T. Boling; 4534 N. Olive

Address K.C., 16, 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)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Myocarditis

5 years

DUE TO (c)

Arteriosclerosis

11 years

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

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.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-4-60 to 12-13-61 and last saw her alive on 12-13-61

Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank Paul Laurayana M.D.

22b. ADDRESS

428 South White Ave

22c. DATE SIGNED

12-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

12-15-61

23c. NAME OF CEMETERY OR CREMATORY

Elmwood Crematory

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

WEILERT FUNERAL HOMES(S) K.C., MO.

25. DATE RECD. BY LOCAL REG.

12-15-61

26. REGISTRAR'S SIGNATURE

Ruth H. Long

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Frank Paul Laurayana M.D. Medical Certification

**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 Forrest D. Goldsnow

Licensed Embalmer No. 4714

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.