

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006938

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1440

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 15 1963	
1. PLACE OF DEATH	
a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Missouri b. COUNTY Jackson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION George Nettleton Home	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5125 Swope Parkway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First Eleanor Middle J. Last Ridgway	4. DATE OF DEATH Month March Day 2 Year 1963
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-13-1883
9. AGE (last birthday) 79 Yrs	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
11. BIRTHPLACE (City and state or country) Philadelphia, Pa.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Ridgway	13b. MOTHER'S MAIDEN NAME Eleanor Peale
14. NAME OF HUSBAND OR WIFE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.	17. INFORMANT Isabelle P. Langley Address 5125 Swope Parkway
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Coronary Thrombosis	INTERVAL BETWEEN ONSET AND DEATH hours
Conditions, if any, which gave rise to above cause (s), stating the underlying cause last. DUE TO (b) Severe Coronary Heart Disease	years
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension - Senility - Cerebral arteriosclerosis	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 8 a.m. p.m. Month, Day, Year Dec 6 2	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Missouri STATE Missouri
21. I attended the deceased from Dec 6 2 to 2 March 63 and last saw ^{her} _{him} alive on 1 March 63	
Death occurred at 8 15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Robert Willoughby (Do not write title)	22b. ADDRESS K C Missouri
22c. DATE SIGNED 3 March 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3 5 63
23c. NAME OF CEMETERY OR CREMATORY Forest Hill	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Stine & McClure ADDRESS Kansas City, Missouri	25. DATE RECD. BY LOCAL REG. 3-4-63
26. REGISTRAR'S SIGNATURE Ruth H Long	

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF TESTATION
B. Willoughby

USE BLACK INK OR TYPEWRITER RIBBON

Mr. Willoughby
6400 Broadway
~~No. 3-8-800~~
#14-4474
Nov - 3:00

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, 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.