MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050878

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2054

FILED JAN 17 1964

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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 64 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital
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) 4114 VIRGINIA AVE
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LAVINIA Middle (NONE) Last RUFF

4. DATE OF DEATH Month DECEMBER Day 25 Year 1963

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6-16-1886
9. AGE (last birthday) 77
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY
10b. KIND OF BUSINESS OR INDUSTRY UNIVERSITY KANSAS MEDICAL CENTER
11. BIRTHPLACE (City and state or country) CHILLICOTHE, MISSOURI
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME E. D. WALLACE
13b. MOTHER'S MAIDEN NAME MERIA FORE
14. NAME OF HUSBAND ~~OR WIFE~~ WILLIAM A. RUFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.
17. INFORMANT MISS. LETA WALLACE Address 7306 GRAND AVE. KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) adenocarcinoma, Colon, Hepatic metastasis — INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ~~[illegible]~~
DUE TO (c)

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

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 1958 to ~~[illegible]~~ and last saw ~~[illegible]~~ alive on Dec 25-1963
Death occurred at 11:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Eugene Smith (Degree or title)
22b. ADDRESS 411 Rockwood Road
22c. DATE SIGNED 12/27/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE DEC. 27, 1963
23c. NAME OF CEMETERY ~~OR CREMATORY~~ FOREST HILL CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BROOKSIDE BLVD. KANSAS CITY, MISSOURI
25. DATE RECD. BY LOCAL REG. 12-27-63
26. REGISTRAR'S SIGNATURE Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3648		
3	2		
4	1		
5	2		
6			
7	0		
8	2		
9	153.8		
10			
11			
12	66-0		
13			

BY AFFIDAVIT OF H. Eugene Smith MEDICAL CERTIFICATION

DOCUMENT

Mr Hester J. Nelson
411 Nichols Road Je 12233
1 P.M.

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_____ Signed Robert N. Boyer
Signature of Student Embalmer

Licensed Embalmer No. 4892

P. O. Address Overland Park, Ks

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.