

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14498

State File No. 3484

FILED APR 26 1956

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>E. CARONDELET</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>MO. PAC. HOSP. ST. LOUIS</u>				f. STREET ADDRESS (If rural, give location) <u>R. R. # 1</u> <u>8120 8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUBY</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>CARAWAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1956</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 12, 1908</u>		9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ALBANY Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Elias FRENCH</u>		13b. MOTHER'S MAIDEN NAME <u>Mary BEAL</u>		14. NAME OF HUSBAND OR WIFE <u>NOVA ORAN. CARAWAY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>513-14-4921</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nova O Caraway above</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CACHEXIA, Generalized</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Abdominal Carcinomatosis</u> DUE TO (c) <u>Adenocarcinoma, Rt. colon. Endometrial carcinoma, (uterus)</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>ADENOCARCINOMA - CECUM &amp; METASTASIS. pelvic carcinomatosis.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1534</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb. 28, 1951</u> , to <u>April 7, 1956</u> , that I last saw the deceased alive on <u>9-26, 1956</u> , and that death occurred at <u>2:02 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Royall W. Weir M.D.</u>				23b. ADDRESS <u>1755 So. Grandbluffs</u>		23c. DATE SIGNED <u>4-7-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/9/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION STAR</u>		24d. LOCATION (City, town, or county) (State) <u>UNION STAR, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>APR 7 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harold A. Walker - 4850 Allen</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
*David A. [Signature]*

Licensed Embalmer No. 462

P. O. Address.....  
*Rego St*

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.