

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 23 1949

6331

State File No. ....

1163

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		TOWNSHIP <u>Hannington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>925 S. Boyle St.</u>				d. STREET ADDRESS (If rural, give location) <u>Near Belgrade mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruby</u> b. (Middle) <u>May</u> c. (Last) <u>Johnston</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 1949</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>Sept. 4-1878</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u>	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Crawford Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Richmond</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew Johnston</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Zola Thomas 925 S. Boyle St. Louis</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Urinary Bladder</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis</u>							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia 58ix</u>							
19a. DATE OF OPERATION <u>6/12/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>18"</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>6-10-</u> , 19 <u>48</u> , to <u>2-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-29</u> , 19 <u>49</u> , and that death occurred at <u>2:30a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. Byron Bean M.D.</u>				23b. ADDRESS <u>3720 Wash. Ave.</u>		23c. DATE SIGNED <u>2-4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marlow Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Near Palmer Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 7 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Facator</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marks Tom Home - Patton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

**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.

Signed \_\_\_\_\_

*Murphy L. Parks*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*4134  
Hob River, 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 this body is not embalmed, fact should be so stated above.