

No. 209
1949

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

9209

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3073</u>		Registrar's No. <u>116</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>2627 Market ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2637 Market ST</u>				d. STREET ADDRESS (If rural, give location) <u>2627 Market ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruby</u>		b. (Middle) <u>-</u>		c. (Last) <u>Pealer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 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>May 31 1911</u>	
9. AGE (In years) (last birthday) <u>37</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>4</u>		IF UNDER 1 Wk. Hours <u>11</u> Min. <u>4</u>		11. BIRTHPLACE (State or foreign country) <u>Ashburn Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ashburn Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Albert L. Powell</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Long</u>			14. NAME OF HUSBAND OR WIFE <u>Huston E</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr E. W. Halman</u> ADDRESS <u>2627 Market Hannibal Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cervix</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>gonad metastases</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>1947</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>21 mo</u> <u>9 mo</u>	
19a. DATE OF OPERATION <u>7-2-47</u>		19b. MAJOR FINDINGS OF OPERATION <u>Grade 2 - carcinoma / cervix</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) _____	
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>7-1</u> , 19 <u>47</u> to <u>4-4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-4</u> , 19 <u>49</u> and that death occurred at <u>4:20 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Maude S. Bredner M.D.</u> (Degree or title)				23b. ADDRESS <u>226 Broadway</u>		23c. DATE SIGNED <u>4-5-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>4/7/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/27/49</u>		REGISTRAR'S SIGNATURE <u>W.E. M. Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> ADDRESS <u>Hannibal Mo.</u>			

(Licensed Embalmer's Signature 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 _____

George A. Magee Jr. Student Embalmer No. 298
working under my personal supervision

Signed George A. Magee Jr.
Student Embalmer

Signed Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.