

STANDARD CERTIFICATE OF DEATH

FILED MAY 3 1949

State File No. 14595

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 44-14 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. LENGTH OF STAY (in this place) <u>30 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Milan Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Polk Twp.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Simpson Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> b. (Middle) <u>Hollow</u> c. (Last) <u>Hollow</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 24 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 16 - 1896</u>	9. AGE (In years last birthday) <u>52</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS/OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Conn - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert McCully</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>Raymond Hollow</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Raymond Hollow Milan - Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Osteolytic carcinoma rt. humerus.</u> DUE TO (c) <u>carcinoma right breast.</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 <u>4-5 days</u> <u>1 yr.</u> <u>known</u> <u>2 yrs.</u> <u>170X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-4</u> , 19 <u>49</u> , to <u>4-24</u> , 19 <u>49</u> , that I last saw the deceased slide on <u>4-23</u> , 19 <u>49</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Joseph E. Prior D.O.</u>		23b. ADDRESS <u>P. O. Box 82, Milan, Missouri</u>		23c. DATE SIGNED <u>4-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>4/26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>	24d. LOCATION (City, town, or county) (State) <u>Milan Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 29 - 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shogues</u>	ADDRESS <u>Milan - Mo.</u>	

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

FEB 3 1961

RECEIVED
District Health Officer No. 1
District File Number 5-49
Date Filed MAY 2 - 1949

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

P. Norris Cleeton

Student Embalmer No. 228

working under my personal supervision.

Signed P. Norris Cleeton
Student Embalmer

Signed Dwight Schewe

Licensed Embalmer No. 2667

P. O. Address Wilber - 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.