No. 300
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FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27691

BIRTH NO. _____ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 2048 Registrar's No. 146

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ~~Worth~~ Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sheridan 0740 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): Elizabeth
c. (Last): Ruh

4. DATE OF DEATH (Month) (Day) (Year): 6 29 1950

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 8 15 1866
9. AGE (In years last birthday): 83 — If under 1 year: Months 10, Days 14; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (State or foreign country): Pittsburgh, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Richard Parks
13b. MOTHER'S MAIDEN NAME: Jane (unknown)
14. NAME OF HUSBAND OR WIFE: John B. Ruh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Marjorie Straight — **ADDRESS**: Sheridan, Mo.

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) Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
15 2X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Complete obstruction due to Carcinoma of esophagus
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-23, 1950, *to* 6-29, 1950, *that I last saw the deceased alive on* 6-29, 1950, *and that death occurred at* 2:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: F A Bleemer (Degree or title): M D
23b. ADDRESS: Maryville
23c. DATE SIGNED: July 9 50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7 2 1950
24c. NAME OF CEMETERY OR CREMATORY: Sheridan Cemetery
24d. LOCATION (City, town, or county) (State): Sheridan, Mo.

DATE REC'D BY LOCAL REG.: 7-11-50
REGISTRAR'S SIGNATURE: Reno Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE: Jack C. Dunfee — **ADDRESS**: Grant City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 17 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 .....
Student Embalmer

Signed Jack C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.