

FILED NOV 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37507

0502

BIRTH NO. 124 REG. DIST. NO. 1603 PRIMARY REG. DIST. NO. 3021 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) DeSoto		c. CITY (If outside corporate limits, write RURAL and give township) DeSoto	
c. LENGTH OF STAY (In this place) 22 YRS		d. STREET ADDRESS (If rural, give location) 714 South 3rd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 714 South 3rd Street		d. STREET ADDRESS 714 South 3rd Street	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Missouri c. (Last) Mc Luine			4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH March 6, 1871		9. AGE (In years last birthday) 79		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	

13a. FATHER'S NAME Jasper Derickson		13b. MOTHER'S MAIDEN NAME LUCINDA KANE		14. NAME OF HUSBAND OR WIFE Green Mc Luine	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS Mervin W. Laker DeSoto Mo	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		DUE TO (b)		years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		5704	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		Senility & In. of aorta		years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction due to Gallstone		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 28 Sept, 1950, to 19 Nov, 1950, that I last saw the deceased alive on 18 Nov, 1950, and that death occurred at 10:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold V. Ruffin M.D.		23b. ADDRESS DeSoto Mo		23c. DATE SIGNED 20 Nov 50	
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24a. BURIAL / CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 22 1950		24c. NAME OF CEMETERY OR CREMATORY CITY CEM.	
				24d. LOCATION (City, town, or county) (State) DeSoto Mo	

DATE REC'D BY LOCAL REG. 11-24-50		REGISTRAR'S SIGNATURE Marie Parker 146		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donnell B. Laker DeSoto Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 11-27-50

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. 402

working under my personal supervision.

Student Donald Bing.....

Student Embalmer

Signed Donald B. Dretsch

Licensed Embalmer No. 4104

P. O. Address St. Louis 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.