

FILED JUL 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 20001
Registrar's No. 64

BIRTH NO.		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 5542		Registrar's No. 64		
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Missouri b. COUNTY Howard				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Fayette-Bonne Femme Twp.		c. LENGTH OF STAY (In this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Bonne Femme Twp.		0450		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R. R. #5				d. STREET ADDRESS (If rural, give location) R. R. #5				
3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) Edna c. (Last) Andrews			4. DATE OF DEATH (Month) (Day) (Year) July 1, 1951					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 4, 1895		
9. AGE (In years last birthday) 55		10. UNDER 1 YEAR Months 10 Days 27		11. BIRTHPLACE (State or foreign country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Franklin Pemberton				13b. MOTHER'S MAIDEN NAME Louvada McCune		14. NAME OF HUSBAND OR WIFE Earl Andrews		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Andrews R. R. #5 Fayette, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Breast with metastasis 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. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____					INTERVAL BETWEEN ONSET AND DEATH 6 mo 170X	
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) _____		20. AUTOPSY? YES ☐ NO ☐		
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 June 25, 1951, to July 1, 1951; that I last saw the deceased alive on June 25, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) W. Bloom M.D.				23b. ADDRESS Fayette Mo		23c. DATE SIGNED 7-4-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/4/51		24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery		24d. LOCATION (City, town, or county) (State) Fayette Mo		
DATE REC'D BY LOCAL REG. 7-4-51		REGISTRAR'S SIGNATURE Mary R. Sheel		436 25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr		ADDRESS Fayette, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

7-11-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

7-11-51

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, on 7-11-51

working under my personal supervision.

Student Embalmer No.

Signed

Ralph A. Carr

Signed

Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.