

No. 300
10-48

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STANDARD CERTIFICATE OF DEATH

State File No. **23482**
Registrar's No. **56**

BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **5592**

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Joachim		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt View Convalescent Home		d. STREET ADDRESS (If rural, give location) 4943 Lindell	

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) A c. (Last) Rubey			4. DATE OF DEATH (Month) (Day) (Year) 7-14-51		
5. SEX F	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unmarried	8. DATE OF BIRTH Mar 10-1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 4 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Omaha, Neb.	
10c. CITIZEN OF WHAT COUNTRY? USA		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Thas E. Wardell		13b. MOTHER'S MAIDEN NAME Ann Surtess		14. NAME OF HUSBAND OR WIFE Mary Comfort	
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 Mary Comfort	
				ADDRESS St Louis 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		INTERVAL BETWEEN ONSET AND DEATH Worse 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular Renal Disease		
	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 442X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **7-10**, 19**51**, to **7-14**, 19**51**, that I last saw the deceased alive on **7-14**, 19**51**, and that death occurred at **8:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE B. D. Bennett, M.D. (Degree or title)		23b. ADDRESS Crystal City - Mo		23c. DATE SIGNED 7-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 7-17-51		24c. NAME OF CEMETERY OR CREMATORY Macon	
		24d. LOCATION (City, town, or county) (State) Macon Mo			

DATE REC'D BY LOCAL REG. 7-14-51		REGISTRAR'S SIGNATURE Eleanor Poince		25. FUNERAL DIRECTOR'S SIGNATURE Link Funeral Home	
				ADDRESS Festus Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 23 1959

DEC 23 1959

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 7-25-51

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, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Signed Eleanor Poivree

Signed.....
Student Embalmer

Licensed Embalmer No. 3403

P. O. Address Festus M

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.