

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19802

FILED JUL 8 1952

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5235 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <i>Cedar</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Cedar</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, S. Benton</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, S. Benton</i>	
c. LENGTH OF STAY (in this place) <i>45 72</i>		d. STREET ADDRESS (If rural, give location) <i>2 Mi. S. W. Jureco Spg.</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Ruby</i> b. (Middle) <i>Clotis</i> c. (Last) <i>Petty</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>3-31-1952</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>9-15-1906</i>	9. AGE (in years last birthday) <i>45</i>	10. IF UNDER 1 YEAR Days <i>6</i> 16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Cedar, County, Mo</i>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <i>JAMES-H. RUTLEDGE</i>	13b. MOTHER'S MAIDEN NAME <i>IDA-EDGE</i>	14. NAME OF HUSBAND OR WIFE <i>Allen Petty</i>	

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 <i>Allen Petty, Jureco Spg., Mo</i> ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lympho Epithelioma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>506 hrs</i>
	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 <i>148X</i>	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) m.	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 *Sept 1*, 19*51*, to *May 31*, 19*52*, that I last saw the deceased alive on _____, 19____, and that death occurred at *10:20A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>S. Bannister M.D.</i> (Degree or title)	23b. ADDRESS <i>Jureco Spg., Mo</i>	23c. DATE SIGNED <i>4-5-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4-1-1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenfield Cemetery</i>
		24d. LOCATION (City, town, or county) (State) <i>3 Mi S, Jureco Spg., Mo</i>

DATE REC'D BY LOCAL REG. <i>4-10-52</i>	REGISTRAR'S SIGNATURE <i>Mrs. Velma Ellis</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. P. Long</i> ADDRESS <i>Jureco Spg., Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Licensed Embalmer No. 3714

P. O. Address Jerico, P.R. Ma

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.