

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25734

State File No.

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6521**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri b. COUNTY New Madrid	
c. LENGTH OF STAY (in this place) 6 Days		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Risco	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp		d. STREET ADDRESS (If rural, give location) Box 85	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Ruth May Duncan			b. (Middle)		
c. (Last)			Date: July 6, 1952		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 4/5/29	8. DATE OF BIRTH Jan. 13, 1903	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Month 5 Days 24	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Paragould, Ark.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Young	13b. MOTHER'S MAIDEN NAME Delia Sidebottam	13c. NAME OF HUSBAND OR WIFE Rufus L. Duncan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Rufus L. Duncan, Risco, Mo.	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis 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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 445 X
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22. I hereby certify that I attended the deceased from **July 1, 1952**, to **July 6, 1952**, that I last saw the deceased alive on **July 6, 1952**, and that death occurred at **8:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. W. M. Cannon	(Degree or title) M. D. O.	23b. ADDRESS University Club Bldg.,	23c. DATE SIGNED 7/6/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial Removal	24b. DATE 7/8/52	24c. NAME OF CEMETERY OR CREMATORY Barnie Cemetery	24d. LOCATION (City, town, or county) (State) Barnie, Mo.
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DATE REC'D BY LOCAL REG. JUL 7 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Rd.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ernest W. Spiller

Signed.....
Student Embalmer

Licensed Embalmer No..... *4080*

P. O. Address.....

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.