S. No. 300
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FILED MAR 5 - 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6959

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Neosho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sales Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Franklin 0730
d. STREET ADDRESS (If rural, give location) Fairview.

3. NAME OF DECEASED (Type or Print) a. (First) Ethel b. (Middle) c. (Last) Ruhl

4. DATE OF DEATH (Month) (Day) (Year) Feb. 20 - 53

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb-18-1889

9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months | Days 2 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Republic Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles A Biglierie

13b. MOTHER'S MAIDEN NAME Laura Anna McGuire

14. NAME OF HUSBAND OR WIFE Ed Ruhl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Clyde Ruhl Fairview ADDRESS 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension & Congestive Heart Failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 443X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1948, to Feb 20, 1953, that I last saw the deceased alive on Feb 19, 1953, and that death occurred at 1.40 P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M Carter Mo

23b. ADDRESS Neosho Mo

23c. DATE SIGNED Feb 23

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb-22-53

24c. NAME OF CEMETERY OR CREMATORY Rocky Comfort.

24d. LOCATION (City, town, or county) Rocky Comfort (State) Mo.

DATE REC'D BY LOCAL REG. 2-24-53

REGISTRAR'S SIGNATURE Melvin C. Bowman M.D. 223-

25. FUNERAL DIRECTOR'S SIGNATURE McQueen Funeral Home ADDRESS Wheaton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Registrar No.
District Filing No. 259-56
Date Filed

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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 Paul D Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.