

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13562**

FILED **MAY 4 1953** REG. DIST. NO. **61** PRIMARY REG. DIST. NO. **4107** Registrar's No. **21**

1201

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

1. PLACE OF DEATH a. COUNTY <b>Cedar</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DeWitt</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>El Dorado Springs</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>1080 El Dorado Springs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chamber Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rural, Wiegand Twp.</b>	
3. NAME OF DECEASED a. (First) <b>Anna</b> b. (Middle) <b>Jane</b> c. (Last) <b>Ruble</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 11 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 15, 1867</b>
9. AGE (In years last birthday) <b>85</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Tenn.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Breakhill</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Cupp</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Dan Troyer - El Dorado Sp.</b>	
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) <b>Infarcted heart</b> ANTECEDENT CAUSES DUE TO (b) <b>apoplexy</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Al stage</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334 X</b>	
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)		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 <b>May, 1940</b> , to <b>April 11, 1953</b> , that I last saw the deceased alive on <b>Apr 10, 1953</b> , and that death occurred at <b>6:40 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>L. J. Desmarvaux M.D.</b>		23b. ADDRESS <b>El Dorado Sp. Mo</b>	
23c. DATE SIGNED <b>Mo 4/13/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-14-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Clintonville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>El Dorado Sp., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APRIL 13, 1953</b>		REGISTRAR'S SIGNATURE <b>W. H. ...</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b>		ADDRESS <b>El Dorado Sp.</b>	

no.

*Handwritten scribbles at the top of the page.*

**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

*May W. Pickering*

Licensed Embalmer No.

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.