No. 300
10.48

FILED APR 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 014243

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 78

493
1

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARTHAGE
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1803 S. MAIN NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARTHAGE 6493
d. STREET ADDRESS (If rural, give location): 1803 S. MAIN. 0

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): KANE
c. (Last): KANE

4. DATE OF DEATH (Month) (Day) (Year): 4-10-53.

5. SEX: FEMALE
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 2/26/1869
9. AGE (In years last birthday): 84 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: SAME
11. BIRTHPLACE (City and State or Foreign Country): SALT CITY UTAH.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE H. RUDDY
13b. MOTHER'S MAIDEN NAME: ELIZABETH —
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Wallace B. Kane | ADDRESS: Indiana

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) ARTERIOSCLEROSIS, GENERALIZED — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

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: 4500
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* Jan, 1952, *to* April 10, 1953, *that I last saw the deceased alive on* April 9, 1953, *and that death occurred at* 3:25 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank H. Birmer (Degree or title) M.D.
23b. ADDRESS: 121 West 4th
23c. DATE SIGNED: 4-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4/14/53
24c. NAME OF CEMETERY OR CREMATORY: MT HOPE CEM.
24d. LOCATION (City, town, or county) (State): WEBB CITY MO

DATE REC'D BY LOCAL REG.: 4-13-53
REGISTRAR'S SIGNATURE: L.B. Clinton, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: HURLBUT GLOVER MORT. | **ADDRESS**: JOPLIN, MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-21-53
Jasper County Health Office

County File Number 53/4/348

Date Filed 4-21-53

JAN 26 1956

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 Orlando M. Murphy

Licensed Embalmer No. 3566

P. O. Address Joplin 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.