

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42637

State File No.

No. 300
10.48

FILED DEC 28 1953

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 163

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| 1. PLACE OF DEATH a. COUNTY <u>Grundy</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> | |
| b. CITY OR TOWN <u>Trenton</u> | | c. CITY OR TOWN <u>Trenton</u> <u>0402</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAMILY HOME 1569 CARNES</u> | | d. STREET ADDRESS (If rural, give location) <u>1569 CARNES ST</u> | |

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|---|-------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruby</u> | b. (Middle) <u>JANE</u> | c. (Last) <u>SMITH</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 18 1953</u> |
|---|-------------------------|------------------------|--|

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|----------------------|-------------------------------|--|------------------------------------|---|-----------------------|----------------------|-------|------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u> | 8. DATE OF BIRTH <u>MAY 3 1893</u> | 9. AGE (In years) (Last birthday) <u>60</u> | # UNDER 1 YEAR Months | # UNDER 24 HRS. Days | Hours | Min. |
|----------------------|-------------------------------|--|------------------------------------|---|-----------------------|----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Rock Island Ill.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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|---------------------------------------|--|---|
| 13a. FATHER'S NAME <u>MARTIN KING</u> | 13b. MOTHER'S MAIDEN NAME <u>MARIAN Wright</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
|---------------------------------------|--|---|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Jack Smith (son)</u> | ADDRESS <u>Trenton MO</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum 1 Year</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>154X</u> | 20. AUTOPSY? YES <input 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) (Min.) | 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 Jan 1st, 1953 to Nov. 18th, 1953, that I last saw the deceased alive on Nov. 17, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Oliver H. Duggan</u> | (Degree of title) (23b. ADDRESS) <u>Trenton MO.</u> | 23c. DATE SIGNED <u>Nov. 21 1953</u> |
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|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>NOV. 22, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cem. Trenton, MO</u> | 24d. LOCATION (City, town, or county) (State) _____ |
|---|--------------------------------|--|---|

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|---|--|---|---------------------------|
| DATE REC'D BY LOCAL REG. <u>Nov. 22, 1953</u> | REGISTRAR'S SIGNATURE <u>Jean Jari</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Blochman</u> | ADDRESS <u>Trenton MO</u> |
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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

Jordan Blackman

Licensed Embalmer No. *4602*

P. O. Address *Interton, 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.