No. 300
10-48

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

FILED MAR 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9385

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5757 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - ST. MICHAELS
c. LENGTH OF STAY (In this place): YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2½ MI. S. of FREDERICKTOWN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - ST. MICHAELS TOWNSHIP 0620
d. STREET ADDRESS (If rural, give location): 2½ MI. SO. of FREDERICKTOWN

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) LAURA c. (Last) RUTH

4. DATE OF DEATH (Month) (Day) (Year): MAR. 16, 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: APRIL 21, 1882
9. AGE (In years last birthday): 71 — If under 1 year: Months 10, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MADISON CO. MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ANDREW F. RUTH, SR.
13b. MOTHER'S MAIDEN NAME: LUCETTA HILLAKER
14. NAME OF HUSBAND OR WIFE: NEVER MARRIED

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: MRS. H. L. CLIFTON — ADDRESS: FREDERICKTOWN

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL APOPLEXY, LEFT. — INTERVAL BETWEEN ONSET AND DEATH: 9 DAYS.

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

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* LEFT SIDED HEMIPLEGIA. DUE TO APOPLEXY. — 8 MONTHS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 334X
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* MARCH 6, 1953 *to* 3-16, 1954, *that I last saw the deceased alive on* 3-16, 1954, *and that death occurred at* 11:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. H. Michaelis (Degree or title): M.D.
23b. ADDRESS: Fredericktown, Mo.
23c. DATE SIGNED: 3-19-1954

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR. 19, 1954
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. CEMETERY
24d. LOCATION (City, town, or county) (State): MADISON CO. MO.

DATE REC'D BY LOCAL REG.: 3-19-1954
REGISTRAR'S SIGNATURE: Florence Hicks
25. FUNERAL DIRECTOR'S SIGNATURE: H. Adamson — ADDRESS: FREDERICKTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

No. 334-20

JUL 14 1954

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 Don James, Student Embalmer No. 499 working under my personal supervision.

Student Don L. James
Student Embalmer

Signed Raymond Wilson
Licensed Embalmer No. 4884
P. O. Address Fredericktown, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.