

FILED JUN 2 1954

STANDARD CERTIFICATE OF DEATH

State File No. 19539

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>5667</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bedford Township</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winfield</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln County Mem. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>570</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUTH</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>ADMIRE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1954</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Nov. 9, 1872</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>RFD - Winfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Dixon</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Skinner</u>		14. NAME OF HUSBAND OR WIFE <u>Jas. Albert Admire</u>			
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, ADDRESS <u>Clarence Admire, Winfield, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis & Infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Vascular-Renal Disease</u> DUE TO (c) <u>Infirmities of Age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infirmities of Age</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>20 years</u>	
19a. DATE OF OPERATION <u>6-4-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>442 X</u>				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) _____		21f. HOW DID INJURY OCCUR? WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED _____		22. I hereby certify that I attended the deceased from <u>May 12, 1954</u> to <u>June 8, 1954</u> , that I last saw the deceased alive on <u>June 8, 1954</u> , and that death occurred at <u>11:36 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. L. Sutton</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Winfield, Mo.</u>		23c. DATE SIGNED <u>6/11/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 11, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Star Hope</u>		24d. LOCATION (City, town, or county) (State) <u>RFD Elsberry, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-19-1954</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Fick</u> ADDRESS <u>Elsberry, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Student Embalmer No. _____

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.