

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38060

0660

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 35-54

1. PLACE OF DEATH a. COUNTY <u>Miller</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbia</u>		c. LENGTH OF STAY (in this place) <u>3 months - 13 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eugene</u> <i>0660</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>Franklin Township</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruby</u>		b. (Middle) <u>Stout</u>	c. (Last) <u>JONES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 9, 1908</u>	9. AGE (In years last birthday) <u>46</u>	9. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawn operator</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Neelyville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. Stout</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Laughlin</u>	14. NAME OF HUSBAND OR WIFE <u>Lee Jones</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-18-4638</u>	17. INFORMANT'S SIGNATURE (OR NAME) <u>Lee Jones</u>		ADDRESS <u>Eugene, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bled ridden from Carcinoma</u>				3 yrs
	DUE TO (c) <u>uterus had lymphosarcoma</u>				5 yrs
	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 _____				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) <u>174 X</u>		21d. (STATE) <u>Mo.</u>	
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 <u>July</u> , 19 <u>54</u> , to <u>Nov 24</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-24</u> , 19 <u>54</u> , and that death occurred at <u>6:45 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. E. Humphreys D. O.</u>		23b. ADDRESS <u>O. O. 2 Tuscumbia, Mo.</u>		23c. DATE SIGNED <u>11-27-54</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 27, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mary's Home</u>	24d. LOCATION (City, town, or county) (State) <u>Eugene, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 27-1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis A. Phillips</u>		ADDRESS <u>Eugene</u>	

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 Louis H. Phillips

Licensed Embalmer No. 3663

P. O. Address Edison

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.