

FILED JAN 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43356**

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 8

672

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

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. CITY OR TOWN <u>Charleston</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>604 W. Cleveland Street</u> 0672 0	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Ruth</u>	b. (Middle) <u>Lillian</u>	c. (Last) <u>Noisworthy</u>	(Month) (Day) (Year) <u>August 11 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>Nov. 3, 1909</u>
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>Self</u>	9. AGE (In years last birthday) <u>44</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 HRS: Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) <u>Detroit, Mich.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John E. Surline</u>	13b. MOTHER'S MAIDEN NAME <u>Evelyn J. Hunn</u>	14. NAME OF HUSBAND OR WIFE <u>Russel Noisworthy</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>489-14-8344</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Russel Noisworthy</u> ADDRESS <u>Charleston</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of midbrain with metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>7-9-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>as above</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>///</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>175X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 May 27, 1954, to Aug 11, 1954, that I last saw the deceased alive on Aug 11, 1954, and that death occurred at 6:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur D. Davis MD</u>	23b. ADDRESS <u>Charleston Mo</u>	23c. DATE SIGNED <u>8-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Miss. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-28-54</u>	REGISTRAR'S SIGNATURE <u>Jean Kearnes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter M. White</u> ADDRESS <u>Charleston Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

JAN 21 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JAN 22 1955

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 _____
Signature of Student Embalmer

Signed *[Handwritten Signature]*
Licensed Embalmer No. *469*
P. O. Address *East Memphis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.