

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4455

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5438 Registrar's No. 6

370 /

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

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Rawlins</u>	
b. CITY (If outside corporate limits, write RURAL and give Rural Branch, etc. (in this place) OR TOWN <u>Old Argo, Mo. 12 Mi. NE of Cuba, Mo., 6 Mos</u>		c. CITY OR TOWN <u>Cuba</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>Home of Otto Ruwe</u>		f. STREET ADDRESS (If rural, give location) <u>School Street 0280 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u> b. (Middle) <u>MAU</u> c. (Last) <u>HINES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-2-1955</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>2-7-1873</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></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>House</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Jessie B. Staly</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Nove</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Hines, dec'd.</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>O.J. Hines, Cuba, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>		
	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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (STATE) <u>Argo, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 March, 1948, to Feb 2, 1955, that I last saw the deceased alive on Feb 2, 1955, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald X Scott, M.D.</u>		23b. ADDRESS <u>Sullivan, Mo.</u>		23c. DATE SIGNED <u>2-4-1955</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-4-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bacon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Argo, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>2/10/1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Marjorie Ingham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Franklin, Mo.</u>		ADDRESS	
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FT-2818-1031

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 *Paul A. Hamilton*.....
Licensed Embalmer No. *347*.....
P. O. Address *Suba, N.*.....

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.