

STANDARD CERTIFICATE OF DEATH

16098

FILED JUN 1 1955

5830 State File No.

BIRTH NO. 33677-55 REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 5830 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STODDARD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOREHOUSE Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN - RURAL 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION IN CAR ROUTE TO HOSPITAL		d. STREET ADDRESS (If rural, give location) R. F. D. #1 BELL CITY	

3. NAME OF DECEASED (Type or Print) a. (First) RUTHIE b. (Middle) JANE c. (Last) MACK			4. DATE OF DEATH (Month) (Day) (Year) MAY 12 1955				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAY 12 1955	9. AGE (In years last birthday)	# UNDER 1 YEAR Months	# UNDER 12 HRS Hours	# UNDER 15 MIN Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ADVANCE MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME WOODROW W. MACK	13b. MOTHER'S MAIDEN NAME BARABARA STRANGE	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME WOODROW W. MACK	ADDRESS BELL CITY, MO
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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, asphemia, 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) Congenital Heart Defect		
	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 7544	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12 May, 1955**, to _____, 19____, that I last saw the deceased alive on **18 May, 1955**, and that death occurred at **6:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Advance Mo.	23c. DATE SIGNED 14/11/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 13 1955	24c. NAME OF CEMETERY OR CREMATORY OAKDALE CEMETERY	24d. LOCATION (City, town, or county) (State) COMMERCE SCOTT CO. MO.
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DATE REC'D BY LOCAL REG. 5-24-55	REGISTRAR'S SIGNATURE Kathryn L. McPain	25. FUNERAL DIRECTOR'S SIGNATURE Earl Smith	ADDRESS ORAN, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED MAY 31 1955
NEW MADRID CO. HEALTH CENTER

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 NOT _____
working under my personal supervision. Student Embalmer No.

Signed.....
Student Embalmer

Signed Carl J. Smith
Licensed Embalmer No. 3676

P. O. Address Craw Mo.

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.