

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32288**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1097	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 11 days		c. CITY OR TOWN Maysville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital				e. STREET ADDRESS (If rural, give location) 00220			
3. NAME OF DECEASED (Type or Print) a. (First) RUTH			b. (Middle) ARLENE		c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH January 8, 1921		9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Clarinda, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ernest Cullison			13b. MOTHER'S MAIDEN NAME Blanch McNutt		14. NAME OF HUSBAND OR WIFE Leonard		
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 ADDRESS Leonard Jones, Maysville, Mo.			
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) Intestinal ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peritonitis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 576X					INTERVAL BETWEEN ONSET AND DEATH 4 days
19a. DATE OF OPERATION 10-3-55		19b. MAJOR FINDINGS OF OPERATION Gangorous small intestine					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 Oct 2, 1955 , to Oct 4, 1955 , that I last saw the deceased alive on Oct 4, 1955 , and that death occurred at 9:55a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Kathleen M. Allison</i>				23b. ADDRESS St. Joseph 54 Missouri		23c. DATE SIGNED 10-6-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/4/1955		24c. NAME OF CEMETERY OR CREMATORY Clarinda, Iowa		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Oct 19, 1955		REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Newton Bowman</i>		ADDRESS St Joseph Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *William Spading*

Licensed Embalmer No. *459*

P. O. Address *395 11th St*

**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.**