

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32511**

FILED OCT 24 1955

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4087</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Carter</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VAN BUREN</u> c. LENGTH OF STAY (in this place) <u>29 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u> c. CITY OR TOWN <u>VAN BUREN</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>General Delivery 8150</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCINDA</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>BAKER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 7 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>OCT 16, 1861</u>	
9. AGE (In years last birthday) <u>93</u>		10. MONTHS <u>11</u>		11. DAYS <u>21</u>		12. HOURS <u>21</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>CRAWFORDVILLE INDIANA</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>SAMUEL RAY</u>		13b. MOTHER'S MAIDEN NAME <u>MELISSA BALL</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LEONARD JAMES ELLINGTON 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES <u>chronic Arterial Hypertension and Senility</u> DUE TO (b) <u>444X</u> DUE TO (c) <u>444X</u> 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) (STATE)			
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?			
22. I hereby certify that I attended the deceased from Feb 2, 1949, to Oct. 7, 1955, that I last saw the deceased alive on Oct 7, 1955, and that death occurred at 8:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank J. Ruzinski</u>				23b. ADDRESS <u>D.O. Van Buren, Mo.</u>			
23c. DATE SIGNED <u>10-20-55</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-10-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VAN BUREN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>VAN BUREN, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 20-1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Octa. Hansen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas W. Hansen</u>			
				ADDRESS <u>Van Buren, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 454

P. O. Address *Chas. B. Bunn*

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.