No. 300
10.48

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

FILED FEB 19 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 4 5502

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 4

**1. PLACE OF DEATH**
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wentzville Rural
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Charles
c. CITY OR TOWN: Wentzville 0920
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 5 mi. South West

**3. NAME OF DECEASED** (Type or Print): a. (First) Robert b. (Middle) Alexander c. (Last) Caruthers

**4. DATE OF DEATH** (Month) (Day) (Year): Jan 25 1957

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: May 29-1878
**9. AGE** (In years last birthday): 78 — IF UNDER 1 YEAR: Months 7 Days 27 — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE** (City and State or Foreign Country): Wentzville Mo
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Robert A. Caruthers
**13b. MOTHER'S MAIDEN NAME**: Margarite J. Young
**14. NAME OF HUSBAND OR WIFE**: Deceased Catherine Caruthers

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: 487-20-6129
**17. INFORMANT'S SIGNATURE OR NAME**: Wilson Caruthers — **ADDRESS**: Wentzville 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 12 Hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Essential Hypertension — 5 yrs
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**: 334X
**20. AUTOPSY?** YES ☐ 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 WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

**22.** *I hereby certify that I attended the deceased from* June, 19 1954 June, 19 56, *that I last saw the deceased alive on* June 1, 19 56, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): H.C. McMurray MD
**23b. ADDRESS**: Ballwin, Mo.
**23c. DATE SIGNED**: 1/27/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Jan 27-1956
**24c. NAME OF CEMETERY OR CREMATORY**: Zion
**24d. LOCATION** (City, town, or county) (State): Wentzville Mo

**DATE REC'D BY LOCAL REG.**: Feb 2/1957
**REGISTRAR'S SIGNATURE**: Martin F. Pauly
**25. FUNERAL DIRECTOR'S SIGNATURE**: Annetta M. Pitman — **ADDRESS**: Wentzville Mo

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Annetta M. Fitzma

Licensed Embalmer No. 305

P. O. Address Wentzvill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.