

Applied only

FILED JUN 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18355

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ELVINS</u> ²⁴⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp. 9 wks.</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>240</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ruth Middle E Last McFarland 4. DATE OF DEATH Month MAY Day 29 Year 1957

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH MAR. 27, 1910 9. AGE (In years last birthday) 47 IF UNDER 1 YEAR: Months 2 Days 2 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) MADISON Co. Mo. 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME LAWRENCE BALDWIN 14. MOTHER'S MAIDEN NAME EDITH MYERS

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 Taylor McFarland Elvins, Mo. Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Cerebrovascular
DUE TO (b) Carcinoma of uterus
DUE TO (c) 174X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour. Month, Day, Year a. m. p. m.
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 22 55 to May 28 57 and last saw her alive on May 28 57
Death occurred at 10A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C H Applegate 22b. ADDRESS Flat River Mo 22c. DATE SIGNED 6-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE MAY 31, 1957 23c. NAME OF CEMETERY OR CREMATORY WOODLAWK CEM. 23d. LOCATION (City, town, or county) (State) Leadingfork Mo.

24. FUNERAL DIRECTOR Raymond Caldwell and Sons Plattville, Mo. ADDRESS June 1, 1957 25. DATE RECD. BY LOCAL REG. June 1, 1957 26. REGISTRAR'S SIGNATURE Ether Rudloff

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 *R. Caldwell*.....

Licensed Embalmer No. *25*

P. O. Address *Flat B*

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