

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32690**

FILED SEP 30 1957

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY OR TOWN Palmyra	c. LENGTH OF STAY (in this place) 18 yrs.	c. CITY OR TOWN Palmyra	d. In 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 122 East Ross St.		STREET ADDRESS (If rural, give location) 122 E. Ross St.	

3. NAME OF DECEASED (Type or Print) a. (First) Cornelia(Nellie) b. (Middle) Eliza c. (Last) Ruffner	4. DATE OF DEATH (Month) (Day) (Year) Aug 31 1957
---	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4 July 1860	9. AGE (In years last birthday) 97	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 HR. Hours	if UNDER 1 HR. Mins.
----------------------	-------------------------------	---	-------------------------------------	---	---------------------------	-------------------------	-------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	---	---

13a. FATHER'S NAME Charles E. Shumway	13b. MOTHER'S MAIDEN NAME Eliza Clemons	14. NAME OF HUSBAND OR WIFE Vivion Whaley Ruffner
--	--	--

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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel W. Ruffner, ADDRESS Schnectady N.Y.
--	-------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH 3-4 wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infirmities of old age		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Starvation & Senile dementia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____ DUE TO (c) _____	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 304X	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 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 1950, to Aug 31, 1957, that I last saw the deceased alive on Aug 30, 1957, and that death occurred at 8:00a m., from the causes and on the date stated above.

23a. SIGNATURE J. H. Hill Sr. (Degree or title) D	23b. ADDRESS Palmyra Mo	23c. DATE SIGNED 9/7/57
---	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3 Sept. 1957	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) Palmyra, Missouri
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. 9-17-57	REGISTRAR'S SIGNATURE Dr. E. M. Lusche	25. FUNERAL DIRECTOR'S SIGNATURE By Viola Beer, representative Lewis Brothers, Palmyra, Mo. ADDRESS
---	---	--

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

89-0

RECEIVED SEP 27 1957
MARION CO. HEALTH DEPT.
DATE FILED SEP 27 1957

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..... *George M. Lewis*

Licensed Embalmer No.. 4851 ..

P. O. Address Palmyra, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.