

FILED OCT 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32699

STATE FILE NUMBER

Health,
Welfare
Public
ServiceRegistration District No. 210 Primary Registration District No. 4322 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Princeton, Mo</u>		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>Axtell Hospital</u>			Length of stay in lb life			d. STREET ADDRESS (If outside, give location) <u>0650</u>	
3. NAME OF DECEASED (Type or print) First <u>Alma</u> Middle <u>C.</u> Last <u>Ruth</u>				4. DATE OF DEATH Month <u>9</u> Day <u>28</u> Year <u>57</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1-8-1887</u>		9. AGE (In years last birthday) <u>70</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		11. BIRTHPLACE (City and state or country) <u>Mercer Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>P. C. McDonald</u>				14. MOTHER'S MAIDEN NAME <u>Olive L. Edson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>		16. SOCIAL SECURITY NO. <u>488-14-5417</u>		17. INFORMANT Address <u>Emra Ruth Princeton, Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.						DUE TO (b) <u>Coronary artery disease</u>	
						DUE TO (c) _____	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Princeton, Missouri</u>		20g. COUNTY <u>Mercer</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>8-7-57</u> to <u>9-28-57</u> and last saw her him alive on <u>9-28-57</u> Death occurred at <u>7:40 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Raymond A. Axtell</u> (Degree or title) <u>DO</u>				22b. ADDRESS <u>Princeton, Missouri</u>		22c. DATE SIGNED <u>10-3-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		23e. (State)
<u>burial</u>		<u>9-30-57</u>	<u>Princeton</u>		<u>Mercer Co., Mo</u>		<u>Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Noel Moss Princeton, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>10-3-57</u>		26. REGISTRAR'S SIGNATURE <u>Paul Math</u>		

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Only one cause of death may be listed. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Only one cause of death may be listed. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

73-0

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 *Neal T. Mass*

Licensed Embalmer, No. *96*

P. O. Address *Princeton*

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.