

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46447
STATE FILE NUMBER
12242
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

S. 300
v. 1-57

| | | | | | |
|---|------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE Missouri b. COUNTY Butler | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Poplar Bluff | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hos | | Length of stay in lb 11 weeks | d. STREET ADDRESS (If outside, give location) Barron Road | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Ruth Weeks | | | 4. DATE OF DEATH Month Day Year Dec 17 57 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 10-20-1911 | | 9. AGE (In years) Last birthday 46 FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Butler County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Willis J. Webb | | 13b. MOTHER'S MAIDEN NAME Eva Rushin | | 14. NAME OF HUSBAND OR WIFE Jackson Weeks | |
| 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. unknown | | 17. INFORMANT Address Jackson Weeks, Poplar Bluff, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Ovary | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 175x | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 COUNTY STATE | |
| 21. I attended the deceased from 6-21-57 to 12-17-57 and last saw her alive on 12-16-57 Death occurred at 5 a. m. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| SIGNATURE (Degree or title) Eugene M. Bunch M.D. | | | 22b. ADDRESS 100 N. Euclid, Home, Mo. | | 22c. DATE SIGNED 17 Dec 57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE Dec. 18th | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. |
| 24. FUNERAL DIRECTOR Greer-Croy-Fitch Poplar Bluff | | | 25. DATE RECD. BY LOCAL REG. DEC 20 57 | | 26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. mjb |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Harmer W. Fritz*

Licensed Embalmer No. *3882*

P. O. Address *St. Louis*

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.