

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011159
STATE FILE NUMBER

Registration District No. 300 Primary Registration District No. 4449 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>REYNOLDS</u>				2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>REYNOLDS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELLINGTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ELLINGTON</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>RESIDENCE</u>			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) <u>GEN DEK</u>	
3. NAME OF DECEASED (Type or print) <u>Ruby</u> First <u>DAPHNA</u> Middle <u>CHITWOOD</u> Last		4. DATE OF DEATH <u>MAR 8 1958</u> Month <u>8</u> Day <u>1958</u> Year					
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>MAR 7 1911</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.	
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>CARTER CO. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN COLEMAN</u>				14. MOTHER'S MAIDEN NAME <u>TENNESSE SMITH</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-18-2511</u>		17. INFORMANT <u>MRS. RUTH COVIX, ELLINGTON, MO.</u> 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) <u>Carcinoma ascending Colon</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
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)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>1955</u> to <u>March 8/58</u> and last saw ^{her} _{him} alive on <u>March 8/58</u> Death occurred at <u>2:40 Pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Kenneth T Carter MD</u>				22b. ADDRESS <u>Ellington Mo</u>		22c. DATE SIGNED <u>March 15/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3-10-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SMITH CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>REYNOLDS CO. MO</u>		
24. FUNERAL DIRECTOR <u>Ms Spadden FUNERAL Home Ellington</u>				ADDRESS <u>3/24/1958</u>		25. DATE RECD. BY LOCAL REG. <u>1958</u>	
26. REGISTRAR'S SIGNATURE <u>Essie Evans</u>							

JUN 23 1958

Received 3-28-58

Reynolds County Health

Fee No. 358 - 9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Allen C. McGeehan*.....

Licensed Embalmer No... 425

P. O. Address... *New Bu*

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.