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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026494
STATE FILE NUMBER

FILED AUG 7 1958 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 141

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rolla — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Memorial Hospital — Length of stay in Ib: 10 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Gasconade
c. CITY OR TOWN: Owensville — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): ** — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ruby — Middle: Evelyn — Last: Fisher

4. DATE OF DEATH: Month: July — Day: 30 — Year: 1958

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Sept. 27, 1915

9. AGE (In years on last birthday): 42 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (City and state or country): St. James, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Benson

13b. MOTHER'S MAIDEN NAME: Hazel Parcell

14. NAME OF HUSBAND OR WIFE: William Fisher

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: William Fisher — Address: Owensville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

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 breast c generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 170X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Surgery — Radical mastectomy 2½ yrs ago.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 a.m. p.m. — Month, Day, Year

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 Dec 1955, to 7/30/58 and last saw her/him alive on 7-30-58
Death occurred at 9 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: Rolla Mo

22c. DATE SIGNED: 7/31/58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 8-2-1958

23c. NAME OF CEMETERY OR CREMATORY: City Cemetery

23d. LOCATION (City, town, or county) (State): Owensville, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Milford W. Winter Owensville Mo.

25. DATE RECD. BY LOCAL REG.: July 31, 1958

26. REGISTRAR'S SIGNATURE: Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,
County File Number 110 B
Date Filed AUG 6 1958

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 Me, Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Milford H H Winter

Licensed Embalmer No. 3838

P. O. Address Owensville

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.