

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

58-037490

STATE FILE NUMBER

FILED NOV 10 1958

Registration District No.

310

Primary Registration District No.

3058

Registrar's No.

251

S. 300

v. 1-57

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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

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Wentzville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hosp.</b>			Length of stay in lb <b>11 days</b>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <b>Helen</b> Middle <b>Alta</b> Last <b>Caruthers</b>				4. DATE OF DEATH Month <b>November</b> Day <b>3</b> Year <b>1958</b>										
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 25, 1921</b>		9. AGE (In years last birthday) <b>36</b>		10. UNDER 1 YEAR Months Days Hours Min.		11. UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Duke, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>						
13a. FATHER'S NAME <b>Raymond Hood</b>				13b. MOTHER'S MAIDEN NAME <b>Edna Gray</b>				14. NAME OF HUSBAND OR WIFE <b>Wilson Caruthers</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>488-40-0018</b>		17. INFORMANT Address <b>Wilson Caruthers, Wentzville, Mo.</b>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Nephrosclerosis with uremia</b>								INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hypertensive cardiovascular disease</b>								<b>5 yrs.</b>						
DUE TO (c) <b>442X</b>														
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 Month, Day, Year a.m. p.m.														
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 <b>8/26/58</b> to <b>11/3/58</b> and last saw her <sup>her</sup> alive on <b>11/3/58</b> Death occurred at <b>11/3/58</b> <b>3:30 a</b> on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) <b>Paul H. Lotter MD</b>						22b. ADDRESS <b>114 N. Main St. St. Charles, Mo.</b>			22c. DATE SIGNED <b>11/4/58</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/5/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Linn Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Wentzville, Missouri</b>							
24. FUNERAL DIRECTOR <b>P. J. Pitman, Wentzville, Missouri</b>						25. DATE RECD. BY LOCAL REG. <b>Nov 4-58</b>		26. REGISTRAR'S SIGNATURE <b>Marcella Wilson</b>						

P.H. Rother

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 *Saeton J. Pitman* .....

Licensed Embalmer No. *4974* .....

P. O. Address *Wentzville* .....

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.