

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000787
STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KENNETT		c. CITY OR TOWN RISCO 0728	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.C.M. HOSPITAL		d. STREET ADDRESS (If outside, give location) RISCO	
Length of stay in lb 24 DAYS		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last RUTH NAOMI AB SHIER		4. DATE OF DEATH Month Day Year FEB. 1 1959	
5. SEX F.	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH 3-11-1882
9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR 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 HOME	
11. BIRTHPLACE (City and state or country) PATTON, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME GEORGE L. WELKER		13b. MOTHER'S MAIDEN NAME RACHEL C. YOUNT	
14. NAME OF HUSBAND OR WIFE WILLIAM			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO.		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT NAOMI ROYAL		Address GULIN, 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) Coronary occlusion DUE TO (b) Diabetes mellitus & DUE TO (c) arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X			INTERVAL BETWEEN ONSET AND DEATH min. years.
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 ☐ 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 Jan 59 to Feb 59 and last saw her alive on Feb 59 Death occurred at 9:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. A. Zimmerman, M.D.		22b. ADDRESS Kennett Mo.	
22c. DATE SIGNED 5 Feb 59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-4-59	
23c. NAME OF CEMETERY OR CREMATORY PARK		23d. LOCATION (City, town, or county) (State) MALDEN, MO.	
24. FUNERAL DIRECTOR D & K. FUNERAL HOME		25. DATE RECD. BY LOCAL REG. Feb 7-1959	
26. REGISTRAR'S SIGNATURE Gaul H. H. H.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 23 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

J. J. Shuman

Licensed Embalmer No. 4086

P. O. Address *Malden*

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.