THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-004073

STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 324 Primary Registration District No. Registrar's No. 6

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Marshall — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Johnson Nursing Home — Length of stay in 1b 13 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Marshall 0792 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 431 East Arrow — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Ruth Middle: Rebecca Last: Grady

4. DATE OF DEATH Month, Day, Year: Jan. 18th 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: March 10, 1874
9. AGE (In years last birthday): 84 — 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): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Miami, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Dr. A.A.Wheeler
13b. MOTHER'S MAIDEN NAME: Alice S. Vaughan
14. NAME OF HUSBAND OR WIFE: ----------

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.: None
17. INFORMANT: Mrs R.E.Ruckel, Marshall, Missouri — Address

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) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diverticulitis (Perforated) — Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis 5271
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 July 1957, to 17 Jan. 1959 and last saw her alive on 17 Jan. 1959
Death occurred at 6-15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] md
22b. ADDRESS 376 S Odell, Marshall, Mo.
22c. DATE SIGNED 1-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan.20,1959
23c. NAME OF CEMETERY OR CREMATORY: Miami cemetery
23d. LOCATION (City, town, or county) (State): Miami, Missouri

24. FUNERAL DIRECTOR ADDRESS: Campbell*Lewis, Marshall, Mo.
25. DATE RECD. BY LOCAL REG.: 1-20-59
26. REGISTRAR'S SIGNATURE: Cecil G. Leal

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4709

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.