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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017239

STATE FILE NUMBER

FILED MAY 28 1959 Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 19

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-57

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|---|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY DUNKLIN | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DUNKLIN | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN MALDEN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CROOM CLINIC | | Length of stay in 1b 10 MINUTES | d. STREET ADDRESS (If outside, give location) AIR PORT BRANCH | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) RUBY ELOUISE HAWORTH | | | 4. DATE OF DEATH Month MAY Day 19 Year 1959 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 4-15-1946 | | 9. AGE (In years last birthday) 13 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT | | 10b. KIND OF BUSINESS OR INDUSTRY SCHOOL | 11. BIRTHPLACE (City and state or country) HOLDENVILLE, OKLA. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME KEITH HAWORTH | | 13b. MOTHER'S MAIDEN NAME GERTRUDE HUTCHINS | | 14. NAME OF HUSBAND OR WIFE NONE | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT KEITH HAWORTH Address Box 125 MALDEN, 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) Internal hemorrhage | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 hr. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Reptured spleen | | | | | |
| 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 checked="" 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.) Ran over by wagon wheel. | | |
| 20c. TIME OF INJURY Hour 9:00 Month, Day, Year 5-19-59 a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 215. | 20f. CITY, TOWN, OR LOCATION Malden | | COUNTY Dunklin STATE MO |
| 21. I attended the deceased from 2-22-54 to 5-19-59 and last saw her alive on 5-19-59 Death occurred at 9:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Mayme Brown M.D. (Degree or title) | | | 22b. ADDRESS Malden Mo | | 22c. DATE SIGNED 5-22-59 |
| 23a. BURIAL, CREMATION REMOVAL (Specify) BURIAL | | 23b. DATE 5-22-59 | 23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK | | 23d. LOCATION (City, town, or county) (State) MALDEN, MO |
| 24. FUNERAL DIRECTOR DAY & KNIGHT F.S. | | ADDRESS MALDEN | | 25. DATE RECD. BY LOCAL REG. 5-22-59 | 26. REGISTRAR'S SIGNATURE J. J. Schuman |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Schuman*
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.