URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 29 1959 77

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 291

59-035609
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON CITY — Length of stay in 1b: 4 mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Marys Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: OSAGE
c. CITY OR TOWN: CHAMOIS — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: RUBY Middle: FRANCIS Last: SENEVEY

4. DATE OF DEATH: Month: OCT. Day: 24 Year: 1959

5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/13/95
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months: 11 Days: 11 — IF UNDER 24 HR: 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-maker
11. BIRTHPLACE (City and state or country): Maywood Mo
12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: James Heiner
13b. MOTHER'S MAIDEN NAME: Fannie Musick
14. NAME OF HUSBAND OR WIFE: Felix Senevey

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: Mr Felix Senevey Address: Chamois, Mo

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): Generalized Carcinomatosis (Carcinomatosis)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Primary Cancer of Uterus
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 7-16-1950, to 10-24-59 and last saw her alive on 10-23-59
Death occurred at 10:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm V. McKelly M.D.
22b. ADDRESS: 507 East High Street
22c. DATE SIGNED: 24 Oct 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10/26/59
23c. NAME OF CEMETERY OR CREMATORY: Fairview cemetery
23d. LOCATION (City, town, or county) (State): Linn Mo

24. FUNERAL DIRECTOR: Clyde Morton ADDRESS: Linn Mo
25. DATE RECD. BY LOCAL REG.: 24 October 1959
26. REGISTRAR'S SIGNATURE: R. P. Harris, MD Medical Dep

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Vernon M Morto

Signature of Student Embalmer

Licensed Embalmer No. 412

P. O. Address Linn

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