

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-025716**  
STATE FILE NUMBER

FILED VS AUG 8 1960 10

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 187

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>			2. USUAL RESIDENCE (Where deceased lived.. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>MontgOmery</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico Mo</u>		Length of stay in 1b <u>14 Days</u>	c. CITY OR TOWN <u>Montgomery City Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ruby</u> Middle <u>May</u> Last <u>Sowers</u>			4. DATE OF DEATH Month <u>Aug-</u> Day <u>3-</u> Year <u>1960</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-23-1897</u>	9. AGE (last birthday) <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Hannibal Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U S</u>	
13a. FATHER'S NAME <u>Walter F Tegener</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Jane Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Sowers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>213-12-3685</u>	17. INFORMANT Address <u>Mr Harry Sowers Montgomery City Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the pancreas</u>					INTERVAL BETWEEN ONSET AND DEATH <u>18 mos.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 1b.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>July 21 - 1959</u> to <u>Aug 3 - 1960</u> and last saw her alive on <u>Aug 2 - 1960</u> Death occurred at <u>7:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R. B. Baker</u> (Print name or title)			22b. ADDRESS <u>Mexico Mo</u>		22c. DATE SIGNED <u>8.5.60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug-6-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gregory Cemetery</u>		23d. LOCATION (City, town, or county) <u>Mineola Mo</u>	(State)
24. FUNERAL DIRECTOR <u>D B Baker New Florence, Mo</u>			ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Aug. 5 - 1960</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAR 31 1961

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed

*D B Baker*

Licensed Embalmer No. 3375

P. O. Address New Florence, Mo

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.