

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-003277

AMENDED

Registration District No. 312 Primary Registration District No. 1002 Registrar's No. 1103 STATE FILE NUMBER

**FILED VS FEB 9 1961**

1. PLACE OF DEATH  
a. COUNTY 9 1961

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Indiana b. COUNTY Daviess

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI Length of stay in 1b

c. CITY OR TOWN Washington Inside Limits Yes  No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) 1502 Memorial Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First RUTH Middle M. Last KEITH 4. DATE OF DEATH Month FEBRUARY Day 2 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9/12/1925 9. AGE (last birthday) 35 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hand Operator 10b. KIND OF BUSINESS OR INDUSTRY U.S. Rubber Co. 11. BIRTHPLACE (City and state or country) Washington, Ind. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Troy Keith 13b. MOTHER'S MAIDEN NAME Lela Eagle 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. Unknown 17. INFORMANT Prentiss Keith, Washington, Ind. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) CARCINOMA OF RIGHT BREAST WITH GENERALIZED METASTASES INTERVAL BETWEEN ONSET AND DEATH 2 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) 170x

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 JAN. 11, 1961 to FEB. 2, 1961 and last saw her alive on FEB. 2, 1961  
Death occurred at 5:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F. R. BRADLEY, M. D. 22b. ADDRESS BARNES HOSPITAL 22c. DATE SIGNED 2/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 2-3-61 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 23d. LOCATION (City, town, or county) (State) Washington, Ind.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd. 25. DATE RECD. BY FEB 3 1961 REG. 26. REGISTRAR'S SIGNATURE Loard Smith, M.D.

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Elton R. Penelous*

Licensed Embalmer No.

*4283*

P. O. Address

*St. Louis, 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.