

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010858
STATE FILE NUMBER 10358

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 119

FILED APR 5 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY ST. FRANCOIS	a. STATE MISSOURI		b. COUNTY ST. FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE MO.	Length of stay in 1b 3 days	c. CITY OR TOWN FLAT RIVER	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSP.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 405 KEITH	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First DORSE	Middle MELVIN	Last RUBOTTOM	4. DATE OF DEATH	Month MAR.	Day 25	Year 1961
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/23/23/	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ESTHER MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME WILLIAM H. RUBOTTOM	13b. MOTHER'S MAIDEN NAME LENA GLANVILLE	14. NAME OF HUSBAND OR WIFE ALICE BONE RUBOTTOM
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES	16. SOCIAL SECURITY NO. W M # 2	17. INFORMANT MRS. ALICE RUBOTTOM	Address FLAT RIVER MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH 1 week
IMMEDIATE CAUSE (a) Uremia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Hypertensive Cardio - Vascular disease 10 yrs.	
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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 7-27-60, to 3-25-61 and last saw him alive on 3-25-61 Death occurred at 10:54 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. E. Coulter M.D.	22b. ADDRESS Farmington Mo	22c. DATE SIGNED 3-27-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/29/61	23c. NAME OF CEMETERY OR CREMATORY PARK VIEW	23d. LOCATION (City, town, or county) (State) FARMINGTON MISSOURI
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24. FUNERAL DIRECTOR C.H. COZEAN FARMINGTON MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. Mar 27 1961	26. REGISTRAR'S SIGNATURE Esther Rudloff
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

APR 27 1961

APR 5 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4084

P. O. Address Forreston 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.