Lee Ruff did surgery

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=62-000481

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 542. STATE FILE NUMBER

FILED FEB 5 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff — Length of stay in 1b few days

c. CITY OR TOWN Risco — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee H ospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mary Middle Elizabeth Last Jackson

4. DATE OF DEATH Month Jan. Day 10, Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 6/9/1886

9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months 7 Days 1 — 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

11. BIRTHPLACE (City and state or country) Owensburg, Kentucky

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Wayne Cheshire

13b. MOTHER'S MAIDEN NAME Judy Campbell

14. NAME OF HUSBAND OR WIFE Deceased

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 Address Mrs. Dovie Duckworth, Risco, 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 — INTERVAL BETWEEN ONSET AND DEATH 30 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hypernephroma L. Kidney — 12 mos

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Left nephrectomy 7 days prior to death

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 Dec 23 1961, to Jan 10 1962 and last saw her/him alive on Jan 9 1962
Death occurred at 4:35 A/ M/ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T.E. Ruff MD

22b. ADDRESS Poplar Bluff, Mo.

22c. DATE SIGNED 1-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial

23b. DATE 1/12/62

23c. NAME OF CEMETERY OR CREMATORY Dry Bayou

23d. LOCATION (City, town, or county) (State) Portageville, Missouri

24. FUNERAL DIRECTOR ADDRESS H..S.Smith, Funeral Home. Caruthersville. Mo.

25. DATE RECD. BY LOCAL REG. 2/2/1962

26. REGISTRAR'S SIGNATURE Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

Date Mailed to Doctor - 1-12-62

MAR 6 1962

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 Charles E. Mundale

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff, 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.