

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035601

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 100 Primary Registration District No. 5390 Registrar's No. 91

FILED OCT 10 1963

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Spring Creek Twp.		c. CITY OR TOWN Salem	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway "P"		d. STREET ADDRESS (If outside, give location) W. Highway 32	
3. NAME OF DECEASED (Type or print) First Middle Last Ruby Blake		4. DATE OF DEATH Month Day Year Oct. 5, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/16/1944
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		11. BIRTHPLACE (City and state or country) Licking, Missouri	
13a. FATHER'S NAME Wm. Richison		13b. MOTHER'S MAIDEN NAME Vergie Snow	
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. None	
17. INFORMANT Wm. Richison, Salem, Missouri		14. NAME OF HUSBAND OR WIFE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractures in Skull and Cervical Region Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auto Accident DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 10 Minut ES	
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 checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Auto Accident	
20c. TIME OF INJURY 9:55 p.m.	Month, Day, Year 10/5/63		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway P	20f. CITY, TOWN, OR LOCATION Highway P	
21. I attended the deceased from _____ to _____ and last saw her alive on Oct 5, 1963		22. SIGNATURE (Degree or title) Spencer Funeral Home, Salem, Mo.	
22a. SIGNATURE Spencer Funeral Home, Salem, Mo.		22b. ADDRESS Salem, Mo.	
22c. DATE SIGNED 10-8-63		22d. LOCATION (City, town, or county) Licking, Missouri	
23a. NAME OF CEMETERY OR CREMATORY Licking Cemetery		23b. DATE Oct. 9, 1963	
24. FUNERAL DIRECTOR Spencer Funeral Home, Salem, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 8, 1963	
26. REGISTRAR'S SIGNATURE M. M. Clark, M.D. by A.M.			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

1 0330

2 0331

3 2

4 1

5 3

6

7 0

8 2

9 X

10

11 033

12 91-3

13 1-0

**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 Stephen E. Plisson

Licensed Embalmer No. 5181

P. O. Address Salem, 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.