

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14695

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 3000 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived) (Indicate institution, residence, hotel, etc.) a. STATE <b>Mo.</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b> c. LENGTH OF STAY (in this place) <b>6</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Memphis, Jefferson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital &amp; Clinic</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruth</b> b. (Middle) <b>Edith</b> c. (Last) <b>Baker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 13 49</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>6-7-1870</b>
9. AGE (in years) (last birthday) <b>78</b>		Months <b>11</b>	Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Knott County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>George Prosser</b>	
13b. MOTHER'S MAIDEN NAME <b>Rebecca Prosser</b>		13c. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>George W. Baker</b>		ADDRESS <b>Knott Co. Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Embolism right and left femoral artery.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auricular fibrillation, myocardial damage, pulse deficit.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>		<b>4331</b>	
19a. DATE OF OPERATION <b>5-10-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Amputation gangrenous right leg</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5-13-49</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>4-29-49</b> 19___, to <b>5-13-49</b> 19___, that I last saw the deceased alive on <b>5-13-49</b> 19___, and that death occurred at <b>1:50 P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert Laughlin</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Kirksville, Mo.</b>	
23c. DATE SIGNED <b>5-13-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>5-15-49</b>		24b. NAME OF CEMETERY OR CREMATORY <b>Harmony</b>	
24c. LOCATION (City, town, or county) (State) <b>Hedge City, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>5-13-49</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Kelly</b>		ADDRESS <b>Edina, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 5-49-8

Date Filed MAY 17 1940

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.

Signed \_\_\_\_\_

*Richard B. Kelly*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4490

P. O. Address Edina, 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 this body is not embalmed, fact should be so stated above.