

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17935

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>St. Francois County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Desloge,</u>	c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Desloge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>801 South Main</u>		d. STREET ADDRESS (If rural, give location) <u>801 South Main</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nellie</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>Ruffing</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 1950</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 4, 1883</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>15</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Iron Mountain, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>John J. Bradley</u>	13b. MOTHER'S MAIDEN NAME <u>Kathryn Maly</u>	14. NAME OF HUSBAND OR WIFE <u>T. E. Ruffing</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>T. E. Ruffing</u>	ADDRESS <u>Desloge, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18 mos</u> <u>260X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis generalized (unph)</u> DUE TO (c) <u>Diabetes mellitus (unph)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov, 1948, to May 17, 1950, that I last saw the deceased alive on May 18, 1950, and that death occurred at 6:33 am., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Foster</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Desloge Mo</u>	23c. DATE SIGNED <u>5-22-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5/22/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 25, 1950</u>	REGISTRAR'S SIGNATURE <u>Ether Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.Z. Boyer & Son</u>	ADDRESS <u>Desloge, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1940

1940

1917 10 10 1950
HEALTH OFFICE No. 4
550 243

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 C. Z. Dyer

Signed _____
Student Embalmer

Licensed Embalmer No. 1671

P. O. Address Westgate, 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.