

NO. 360  
10-48  
JAN 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41093

BIRTH NO.		REG. DIST. NO. 686	PRIMARY REG. DIST. NO. 5325	Registrar's No. 34
1. PLACE OF DEATH a. COUNTY <u>Huzzah Crawford Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MO</u> b. COUNTY <u>Crawford</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Loutree</u>		c. LENGTH OF STAY (in this place) <u>16 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>N 280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Huzzah</u>		d. STREET ADDRESS (If rural, give location) <u>Huzzah</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rueda</u> b. (Middle) <u>Mary</u> c. (Last) <u>Vance</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Apr 14, 1923</u>	9. AGE (In years last birthday) <u>28</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Louis MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frank Vance</u>		
13b. MOTHER'S MAIDEN NAME <u>Lena H. Pugh</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Vance, Huzzah MO</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the cause of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Invalid due to Poliomylitis</u> <u>22 yrs.</u> DUE TO (c) 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 <u>481 X C</u>		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)		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 <u>1</u> <u>1952</u> to <u>Dec 26, 1951</u> , that I last saw the deceased alive on <u>Dec 26, 1951</u> , and that death occurred at <u>1 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Dr. R. H. Raley</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Steelville, MO</u>		23c. DATE SIGNED <u>12/29/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Courtois Cem - Crawford Co MO</u>
24d. LOCATION (City, town, or county) (State) <u>Crawford Co MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Luther Drake Steelville MO</u>		
DATE REC'D BY LOCAL REG. <u>1-9-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>76</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Murphy D. Spack*

Signed.....

Student Embalmer

Licensed Embalmer No. 4236

P. O. Address Elk River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.