

ST. NO. 300  
EV. 10-48

FILED OCT 7 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32329

State File No. ....

BIRTH NO. .... REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>	<u>0692</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 708 S. Main St.</u>		d. STREET ADDRESS (If rural, give location) <u>708 South Main St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rubye</u> b. (Middle) <u>Marie</u> c. (Last) <u>Sitzes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September, 22, 1952</u>		
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>June, 16, 1896</u>		9. AGE (In years last birthday) <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clerk</u>	11. BIRTHPLACE (State or foreign country) <u>Charleston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Cornelius Tharpe</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Childress</u>		14. NAME OF HUSBAND OR WIFE <u>Odie F. Sitzes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-16-9916</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Odie F. Sitzes, Charleston, Mo.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>7/23/52</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left breast</u>		DUPLICATE OF (b) _____			DUPLICATE OF (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized metastasis</u>			

19a. DATE OF OPERATION <u>7/30/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca of Breast 170X</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) m.	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 7/23, 1952, to 9/22, 1952, that I last saw the deceased alive on 9/22, 1952, and that death occurred at 3:28P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Char. Palmer, M.D.</u> (Degree or title)		23b. ADDRESS <u>Charleston Mo</u>		23c. DATE SIGNED <u>9/26/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/24/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>9/30/52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ann Sitzes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward E. ...</u>	ADDRESS <u>The Nunnelee Funeral Chapel, Charleston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

067, 2

OCT 1 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed OCT 6 1952

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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 .....  
Student Embalmer

Signed John F. Munnelle Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, W

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. . . . .