

# STANDARD CERTIFICATE OF DEATH

State File No. **5659**

LED FEB 24 1953

 BIRTH NO. 8136 REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 7

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Howell</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birch Tree, Mo</u>	
c. LENGTH OF STAY (in this place) <u>30 days</u>		1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Ruby</u>			<b>4. DATE OF DEATH</b>		(Month) (Day) (Year) <u>Feb 13 1953</u>		
a. (First) <u>Ruby</u>		b. (Middle) <u>LEA J</u>		c. (Last) <u>Brake</u>		(Type or Print)	
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Child</u>		<b>8. DATE OF BIRTH</b> <u>Feb 13 1953</u>		<b>9. AGE</b> (In years last birthday) <u>30</u> IF UNDER 1 YEAR <u>30</u> Months IF UNDER 1 YEAR <u>30</u> Days IF UNDER 1 YEAR <u>30</u> Hours	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during part of working life, even if retired) <u>None</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Mountain View, Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>Henry E Brake</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mildred M Ward</u>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Henry E Brake</u>	
				<b>ADDRESS</b> <u>Birch Tree, Mo</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Premature Injuries</u>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			

22. I hereby certify that I attended the deceased from 2/13, 1953, to 2/13, 1953, that I last saw the deceased alive on 2/13, 1953, and that death occurred at 3 P.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>James R. Shaffer M.D.</u>			<b>23b. ADDRESS</b> <u>Intero. View MO</u>		<b>23c. DATE SIGNED</b> <u>2/14/53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Feb 14 53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Corinth Cem</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Montier Mo</u>	
<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <u>2-16-53</u> <u>Laura Mitchell</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Duncan Funeral Home Mtn View, Mo</u>		<b>ADDRESS</b>		

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.