

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15008**

FILED MAY 7 1953

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5261 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Liberty Twnshp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Liberty Township	
c. LENGTH OF STAY (in this place) 32 yrs		8640	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi. south of Palmyra.		d. STREET ADDRESS (If rural, give location) 1 mi. South of Palmyra, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Ruby b. (Middle) Idle c. (Last) Dearing			4. DATE OF DEATH (Month) (Day) (Year) April 23 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 22 June 1886		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Clarksville, Missouri	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME William Idle		13b. MOTHER'S MAIDEN NAME Mollie McKonky		14. NAME OF HUSBAND OR WIFE R. Moss Dearing	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stephen L. Dearing, Palmyra, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b):			
		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		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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1950, to 23 April, 1953, that I last saw the deceased alive on 23 April, 1953, and that death occurred at 12:50pm., from the causes and on the date stated above.

23a. SIGNATURE Wyneth Hamlin O MD (Degree or title)		23b. ADDRESS Palmyra Mo.		23c. DATE SIGNED 28 April 1963	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 25 April 1953		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) Palmyra, Missouri	
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DATE REC'D BY LOCAL REG. 5/1/53		REGISTRAR'S SIGNATURE Dr. E. M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lewis Brothers - Palmyra, Mo.	
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By: **Trish Beech, Dep.** (Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED MAY 4 1953
MARION CO. HEALTH DEPT.
DATE FILED MAY 4 1953

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 George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Salmon, 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.