

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29483

State File No. ....  
REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 1421

FILED AUG 31 1953

1. PLACE OF DEATH a. COUNTY <i>Demiscot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>Demiscot</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Hayti Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Hayti (Rural) Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Demiscot County Memorial</i>		d. STREET ADDRESS (If rural, give location) <i>Hayti Heights</i>	
3. NAME OF DECEASED a. (First) <i>Ruthy</i> b. (Middle) <i>Bell</i> c. (Last) <i>Brown</i>		4. DATE OF DEATH (Month) <i>July</i> (Day) <i>23</i> (Year) <i>1953</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 18, 1897</i>
9. AGE (In years, months, days, hours, min.) <i>56 3 5</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <i>Housewife work home</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Sugarloak Ark</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Ben Armour</i>	
13b. MOTHER'S MAIDEN NAME <i>Cherry Cason</i>		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) <i>no none</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Rose Lee Lemmon</i>		ADDRESS <i>Box 21 Herndon Ark</i>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Volvolves of ileum &amp; strangulation and gangrene of ileum</i> INTERVAL BETWEEN ONSET AND DEATH <i>36 hrs.</i>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b)	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <i>5703</i> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <i>7-22-53</i>		19b. MAJOR FINDINGS OF OPERATION <i>8-9 ft. ileum gangrenous &amp; perforation</i>	
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) (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 <i>7-22 1953</i> to <i>7-23 1953</i> , that I last saw the deceased alive on <i>7-23 1953</i> and that death occurred at <i>1:00 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>W. Ricketson M.D.</i>		23b. ADDRESS <i>Hayti, Mo.</i>	
23c. DATE SIGNED <i>7-24-53</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
24b. DATE <i>7-27-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Yarbrough Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Yarbrough Ark</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John W. Lemmon</i>	
25. ADDRESS <i>Lemmon Funeral Home Hayti Mo</i>		DATE REC'D BY LOCAL REG. <i>8-20-53</i>	

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

8-282-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

AUG 28 1953

SEP 3 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*John G. Gorman*

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo

Signed.....  
Student Embalmer

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.