

21735

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED JUL 7 1954

BIRTH NO. _____		REG. DIST. NO. <u>334</u>		PRIMARY REG. DIST. NO. <u>6937</u>		Registrar's No. <u>207</u>			
1. PLACE OF DEATH <u>Missouri State School</u> a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Remond</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall Rural</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs 11 mo 29 d</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrithoville</u>		0782			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State School</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u>		b. (Middle)		c. (Last) <u>Park's</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1954</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>May 30, 1925</u>		9. AGE (in years last birthday) <u>29</u>	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Carrithoville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mo. State School</u>		ADDRESS <u>Marshall Mo.</u>			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>				Ectopic gestation				1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Accident of Pregnancy</u>				29 yrs	
				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>6450</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) (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 <u>June 29, 1954, to June 29, 1954</u> , that I last saw the deceased alive on <u>June 29, 1954</u> , and that death occurred at <u>4:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Virgil E. Shade</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Missouri State School Marshall Mo.</u>		23c. DATE SIGNED <u>June 29, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-30-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>University of Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-30-1954</u>		REGISTRAR'S SIGNATURE <u>Edwney T. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u>		ADDRESS <u>Marshall Mo.</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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*Joseph P. Macklin*

Licensed Embalmer No. *4571*

P. O. Address

*Marshall, M*

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.