

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2538

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-LIBERTY</b>		c. CITY OR TOWN <b>R.F.D. LIBERTY TOWNSHIP</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8 1/2 M.I.S.E. OF FARMINGTON</b>		f. STREET ADDRESS (If rural, give location) <b>8 1/2 M.I.S.E. OF FARMINGTON</b>	

3. NAME OF DECEASED (Type or Print) <b>ROSELLA</b>	a. (First)	b. (Middle)	c. (Last) <b>CARUTHERS</b>	4. DATE OF DEATH <b>JAN. 28, 1956</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED-NEVER MARRIED? <b>WIDOWED, DIVORCED (Specify)</b>	8. DATE OF BIRTH <b>APRIL 4, 1874</b>	9. AGE (In years last birthday) <b>81</b>	10. IF UNDER 1 YEAR Months <b>9</b> Days <b>24</b>	11. IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>IRON COUNTY, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM SUTTON</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET VANCE</b>	14. NAME OF HUSBAND OR WIFE (DECEASED) <b>JOSEPH HENRY CARUTHERS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>FRED CARUTHERS - FREDERICKTOWN, MO.</b>	ADDRESS
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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, ashenia, 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) <b>Arteriosclerotic heart disease 1 yr.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis yrs.</b> DUE TO (c) <b>Diabetes mellitus yrs.</b>		
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	<b>260X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan**, 19**55**, to **Jan 28**, 19**56**, that I last saw the deceased alive on **Jan 22**, 19**56**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C.E. Carleton, M.D.</b>	23b. ADDRESS <b>Farmington Mo</b>	23c. DATE SIGNED <b>1-31-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 30, 1956</b>	24c. NAME OF CEMETERY OR CREMATOR <b>WHITE WATER CHRISTIAN</b>	24d. LOCATION (City, town, or county) (State) <b>PERRY COUNTY, MO.</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 31, 1956</b>	REGISTRAR'S SIGNATURE <b>Ether G. Ludloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. Adamson - FREDERICKTOWN, MO.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4251

P. O. Address FRIEDRICH

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.