

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14498

State File No. \_\_\_\_\_

3484

FILED APR 26 1956

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1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE |  | b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN |  | c. CITY OR TOWN  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| c. LENGTH OF STAY (in this place)  |  | STREET ADDRESS (If rural, give location)   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | - ADDRESS  |  |  |  |

|                                     |            |             |           |                                       |
|-------------------------------------|------------|-------------|-----------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     | RUBY       | FRANCES     | CARAWAY   | April 7, 1956                         |

|        |                  |  |                  |                                 |                 |                  |
|--------|------------------|--|------------------|---------------------------------|-----------------|------------------|
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| Female | White            | MARRIED  | AUG. 12, 1908    | 47                              | Months          | Days             |

|   |                                   |  |                             |
|---|-----------------------------------|--|-----------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) | 12. CITIZEN OF WHAT COUNTRY |
| HOUSEKEEPER   | own home                          | ALBANY Missouri                                    | USA                         |

|                    |                           |                             |
|--------------------|---------------------------|-----------------------------|
| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
| Elias FRENCH       | Mary BEAL                 | NOVA ORAN. CARAWAY          |

|   |                         |                                   |         |
|---|-------------------------|-----------------------------------|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME | ADDRESS |
| No  | 513-14-4921             | Nova O Caraway                    | above   |

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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)  |  |                                  |
|  | II. OTHER SIGNIFICANT CONDITIONS  |  |                                  |
|  | DUE TO (a) CACHEXIA, Generalized  |  |                                  |
|  | DUE TO (b) Abdominal Carcinomatosis   |  |                                  |
|  | DUE TO (c) Adenocarcinoma, Rt. colon. Endometrial carcinoma, (uterus)                           |  |                                  |
|  | 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?  |
| 1951 - 1954            | CECUM & METASTASIS. ADENOCARCINOMA - pelvic carcinomatosis. | 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) |
|  |  | 1534  |

|   |  |                            |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 Feb. 28, 1951, to April 7, 1956, that I last saw the deceased alive on Sept. 19, 1956, and that death occurred at 2:02 a.m., from the causes and on the date stated above.

|                                  |                       |                  |
|----------------------------------|-----------------------|------------------|
| 23a. SIGNATURE (Degree or title) | 23b. ADDRESS          | 23c. DATE SIGNED |
| Royall W. Weir M.D.              | 1755 So. Grand Avenue | 4-7-56           |

|   |           |                                    |   |
|---|-----------|------------------------------------|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) |
| Burned                                    | 4/9/56    | UNION STAR                         | UNION STAR, Missouri                          |

|                          |                       |                                  |             |
|--------------------------|-----------------------|----------------------------------|-------------|
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS     |
| APR 7 1956               | J. Carl Smith M.D.    | Harold A. Walker                 | Shyde Allen |

(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..

Student.....  
Signature of Student Embalmer

Signed.....  
*David A. [Signature]*

Licensed Embalmer No. 462

P. O. Address.....  
*Rego St*

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.