

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 10 1956

BIRTH NO. REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Joachim (Rural)		c. CITY OR TOWN Herculaneum	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) Church St., 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 61-67			

3. NAME OF DECEASED (Type or Print) a. (First) Ruth	b. (Middle) Ellen	c. (Last) DeClue	4. DATE OF DEATH (Month) (Day) (Year) June 24, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept., 9, 1913	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days	IF UNDER 6 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) Old Mines, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Frank Politte	13b. MOTHER'S MAIDEN NAME Cora Battreal	14. NAME OF HUSBAND OR WIFE Raymond DeClue
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Raymond DeClue, Herculaneum, Mo.	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, asthma, 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) Inquest Pending		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>
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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) 050
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 6 24 56 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Leo Church Deputy Coroner (Degree or title)	23b. ADDRESS 702 Taylor Crystal City Mo	23c. DATE SIGNED 6-25-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 28, 1956	24c. NAME OF CEMETERY OR CREMATOR Catholic	24d. LOCATION (City, town, or county) (State) Herculaneum, Mo.
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DATE REC'D BY LOCAL REG. 6-27-56	REGISTRAR'S SIGNATURE James G. Reider	25. FUNERAL DIRECTOR'S SIGNATURE W. H. ... ADDRESS ...
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DATE RECEIVED

JUL 3 1956

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

JUL 18 1956

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 *Donald H. Vinyard*

Licensed Embalmer No. *460*

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