

FILED SEP 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. **25938**
Registrar's No. **62**

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 5042		Registrar's No. 62	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Liberty Twp)		c. LENGTH OF STAY (in this place) few wks		c. CITY OR TOWN Seligman		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 00500			
3. NAME OF DECEASED (Type or Print) a. (First) LUCY		b. (Middle) E.		c. (Last) RUARK		4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1956	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug 26, 1876	
9. AGE (In years last birthday) 79		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Carroll County, Ark.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Naves		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Frank N. Ruark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Orba Ruark-Washburn, Missouri			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of jaw & throat (ca) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR	
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 Aug 22, 1956 , to Aug 22, 1956 , that I last saw the deceased alive on Aug 22, 1956 , and that death occurred at 1:15P m. , from the causes and on the date stated above.							
23a. SIGNATURE Herm N. Dwyer M.D. (Degree or title)				23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED Aug 25 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-25-1956		24c. NAME OF CEMETERY OR CREMATORY Roach Cemetery		24d. LOCATION (City, town, or county) (State) Barry County, Missouri	
DATE REC'D BY LOCAL REG. 9-1-56		REGISTRAR'S SIGNATURE Mary McDonald		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Culver Funeral Home-Cassville, Mo. Paul A. Stambach (Licensed Embalmer) (Statement on Reverse Side)			

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

10 8

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 956-151

DATE REC. 9-7-56

JUN 8 1962

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 Paul D. Henbest

Licensed Embalmer No. 457

P. O. Address Cassville, 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.