

FILED AUG 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27456**

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. CITY OR TOWN Lebanon	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 Wallace Hospital		e. STREET ADDRESS (If rural, give location) 247 Van Buren	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Amos	b. (Middle) A.	c. (Last) Rue	(Month) Aug.	(Day) 16,	(Year) 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/29/1883		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Laclede Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Rue	13b. MOTHER'S MAIDEN NAME Delphia Overland	14. NAME OF HUSBAND OR WIFE Rosa Rue
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NUMBER (If yes, give war or dates of service) 494-18-0437	17. INFORMANT'S SIGNATURE OR NAME Mrs. Amos A. Rue, Lebanon, 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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 18 Mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of The Pancreas with Metastases.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 157X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease			

19a. DATE OF OPERATION 5/2/56	19b. MAJOR FINDINGS OF OPERATION Cancer Pancreas with Metastases	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE No	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) m.	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 9/17, 1956, to 8/16, 1956 what I last saw the deceased give on 8/16, 1956 and that death occurred at 11:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE George E. Dike M.D.	23b. ADDRESS Lebanon, Mo	23c. DATE SIGNED 8/17/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/18/56	24c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) Lebanon, Missouri
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DATE REC'D BY LOCAL REG. 8-18-1956	REGISTRAR'S SIGNATURE Hella L. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Lebanon, Lebanon, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 5 1956

Received 8-27-56
Laclede County Health Unit.
File No. 138
Date Filed 8-27-56

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 S. R. Johnson

Licensed Embalmer No. 220

P. O. Address Libany

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.