

FILED NOV 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **34527**

Registration District No. **155** Primary Registration District No. **3127** Registrar's No. **154**

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Webb City, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 221 S. Walker Lifetime			Length of stay in 1b Lifetime			d. STREET ADDRESS (If outside, give location) 221 S. Walker	
3. NAME OF DECEASED (Type or print) Ruey		First Ruey		Middle May		Last Tyndall	
4. DATE OF DEATH Nov. 9, 1956		Month Nov.		Day 9		Year 1956	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 3, 1898		9. AGE (In years last birthday) 58	
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 country) Nashville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Mr. Jay Allen				14. MOTHER'S MAIDEN NAME Unknown			
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 Mr. Jay Tyndall		Address Webb City Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) carcinoma of colon							INTERVAL BETWEEN ONSET AND DEATH 10 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 11:30 Month Nov. Day 9 Year 1956 a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 11-8-56 to 11-9-56 and last saw her alive on 11-9-56 Death occurred at 8:00 A /m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Madeline Switzer (Degree or Title)				22b. ADDRESS Webb City Mo		22c. DATE SIGNED 11/9/56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Nov 11/1956		23c. NAME OF CEMETERY OR CREMATORY Friends Cemetery		23d. LOCATION (City, town, or county) (State) Princeton Mo	
24. FUNERAL DIRECTOR Johnston - Ames - Simpson Mortuary ADDRESS			25. DATE REC'D. BY LOCAL REG. 11-10-1956		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		

NOV 14 1930
56-11-897

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 *Harvey E. Ames*.....

Licensed Embalmer No. *44*

P. O. Address *W.H. Ames*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.