

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **34941**

**FILED NOV 7 - 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **726**

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

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <b>Perry</b>		c. LENGTH OF STAY (in this place)	a. STATE <b>Missouri</b>		b. COUNTY <b>Perry</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville</b>			c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perry Co. Memorial Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>Rural Salem Twp.</b>		
<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <b>Ruth</b>	b. (Middle) <b>J.</b>	c. (Last) <b>Falls</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Oct. 16, 1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>March 3, 1890</b>	<b>9. AGE</b> (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>West Plains, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
<b>13a. FATHER'S NAME</b> <b>William Nutt</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Philnea Wright</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>James W. Falls</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>James W. Falls Perryville Rt 4, Mo.</b>			
<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal obstruction</b>				<b>2d</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) Making the underlying cause last. DUE TO (b) <b>Post-surgical adhesions</b>				<b>15-20yrs</b>
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>5705</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>10-12, 1956</u> to <u>10-16, 1956</u> that I last saw the deceased alive on <u>10-15, 1956</u> and that death occurred at <u>3:30 A.M.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <b>D. G. Fairchild, M.D.</b>			<b>23b. ADDRESS</b> <b>Perryville, Mo.</b>		<b>23c. DATE SIGNED</b> <b>10-16-56</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>Oct. 16, 1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Woods Chapel</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Paragould, Arkansas</b>		
<b>DATE REC'D BY LOCAL REG.</b> <b>Oct 16 1956</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Joel J. Zoellner</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Young &amp; Sons Perryville</b>	

(Licensed Embalmer's Statement on Reverse Side)

500

6361 87 0507

**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 *Wallace Young* .....

Licensed Embalmer No. *4027*

P. O. Address *Perryville*

**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.**