

FILED NOV 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35196

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 385

| | | | | | | | | |
|--|----------------------------------|---|--|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Francois | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Desloge | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Desloge | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 102 N Main St. | | | Length of stay in 1b 30 years | | d. STREET ADDRESS (If outside, give location) 102 N Main | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Rueanna Middle Elizabeth Last Thurman | | | | 4. DATE OF DEATH Month Nov. Day 1 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 Oct. 6th. 1871 | | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months 0 Days 25 Hours Min. | IF UNDER 24 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 country) Ste. Genevieve, County | | 12. CITIZEN OF WHAT COUNTRY? U S A | | |
| 13. FATHER'S NAME John C Reeder | | | | 14. MOTHER'S MAIDEN NAME Sarah Pinkston | | | | |
| 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 Audrey Thurman, Desloge, Mo. | | Address | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumo-pneumonia DUE TO (b) Chronic interstitial nephritis DUE TO (c) 592X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. arterio-sclerotic psychosis - generalized | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 days | |
| 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 Month Day Year a. m. p. m. | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 May 1950 to 11-1-56 and last saw her him alive on 10-29-56 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 (Degree or title) H. G. Gable M.D. | | | 22b. ADDRESS Desloge, Mo. | | | 22c. DATE SIGNED 11-3-56 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11/4/'56 | 23c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. Park | | 23d. LOCATION (City, town, or county) (State) Bonne Terre Rt. 2, Mo. | | | | |
| 24. FUNERAL DIRECTOR Boyer & Son, Desloge, Mo. | | | 25. DATE RECD. BY LOCAL REG. Nov. 3, 1956 | | 26. REGISTRAR'S SIGNATURE Ether Rudloff | | | |

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 *J. T. Dayer*.....

Licensed Embalmer No. *31*

P. O. Address *Healdsburg*

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.