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 Use only black ink or ribbon typewrite if possible.
 Coroner must be causally related.
 Diseases in Part I must be causally related.
 Coroner cannot certify to a death due to natural causes.
 No symptoms were observed.
 No standard nomenclature to name it.
 Social, coroner, etc. must use only standard nomenclature to name it.

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39736

STATE FILE NUMBER 10321

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo Baptist Hospital		Length of stay in lb 4 days	d. STREET ADDRESS 174 S 39th St. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last EFFIE FRANCES RINEY			4. DATE OF DEATH Month Day Year November 9 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 25, 1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Month 4 Days 14 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Doe Run, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wesley B. Wood			14. MOTHER'S MAIDEN NAME Adeline Frances Brent		
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. unk	17. INFORMANT Mrs Nan Dugal, Farmington, 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): <i>Cancer of uterus</i> <i>metastatic cancer c osseas</i> DUE TO (b): DUE TO (c): 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(a) <i>Rheumatic Heart Disease & Hypertension</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 years</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>none</i>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <i>none</i>		<i>174x</i>			
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.) <i>none</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>1945</i> to <i>11/7/56</i> and last saw her <i>alive</i> on <i>11/7/56</i> Death occurred at <i>11/9/56 8 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Preston C. Keel M.D.</i>			22b. ADDRESS <i>3902 1/2 Lafayette</i>		22c. DATE SIGNED <i>11/10/56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11/12/56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>IOOF Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Doe Run, Missouri</i>
24. FUNERAL DIRECTOR <i>Miller Funeral Home, Farmington, Mo.</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>NOV 13 1956</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

m. J. B.

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.P. Burgess

Licensed Embalmer No. *40*

P. O. Address *Maple*

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.