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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 24 1957

44966
STATE FILE NUMBER

Registration District No. 176 Primary Registration District No. 5657 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Red Oak — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Phen Hy 66 — Length of stay in 1b Auto Accident

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Washington b. COUNTY Douglas
c. CITY OR TOWN Orondo 1460 8 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2 mi N. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Connie Middle Ray Last Ruminer
4. DATE OF DEATH Month 12 Day 8 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ Child
8. DATE OF BIRTH 7-27-1951
9. AGE (In years last birthday) 6 — IF UNDER 1 YEAR Months 4 Days 11 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolboy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Orondo Wash
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Wm. B Ruminer
14. MOTHER'S MAIDEN NAME Flora Mae Christian
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Cleo Ruminer Address Orondo Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH Int
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Multiple Laceration + Fracture
DUE TO (c) Car accident
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 2:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold E George DO
22b. ADDRESS Mt Vernon Mo
22c. DATE SIGNED 12/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-9-1957
23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant
23d. LOCATION (City, town, or county) (State) N. of Batesville Ark.

24. FUNERAL DIRECTOR Minnis Lemon ADDRESS Miller Mo
25. DATE RECD. BY LOCAL REG. 12-14-57
26. REGISTRAR'S SIGNATURE W. S. Burney

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed G. R. Lemon

Licensed Embalmer No. 329

P. O. Address Mellen

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