

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030060

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

0
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 20 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 303

1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u> <u>River Mines</u>		c. CITY OR TOWN <u>River Mines</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp.</u> Length of stay in 1b <u>Aug. 7</u>		d. STREET ADDRESS (If outside, give location) <u>3 Hickory</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Mrs. Ruth Gilbert Ruffin</u>		4. DATE OF DEATH <u>Aug. 8 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 2-1905</u>
9. AGE (In years last birthday) <u>52-9-6</u>		10. KIND OF BUSINESS OR INDUSTRY <u>St. Mary's Hospital</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	
13. FATHER'S NAME <u>Mr. John R. Stetwell</u>		14. MOTHER'S MAIDEN NAME <u>Frances Thompson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>416 X</u>	
17. INFORMANT <u>Mr. Clifford A. Ruffin</u> Address <u>3 Hickory St. River Mines, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac decompensation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Voluminous myocardium all valves</u> DUE TO (c) <u>Rheumatic fever. Also anemia severe</u>			INTERVAL BETWEEN ONSET AND DEATH <u>about 2 weeks</u> <u>several years</u> <u>many years</u>
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 <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.) <u>L</u>	
20c. TIME OF INJURY Hour <u>L</u> Month, Day, Year		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.) <u>L</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>L</u>	
21. I attended the deceased from <u>8-7-58</u> to <u>8-9-58</u> and last saw her alive on <u>8-8-58</u> Death occurred at <u>10:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ruth L. Ruffin Mrs.</u>		22b. ADDRESS <u>Flat River, Mo.</u>	
22c. DATE SIGNED <u>8-9-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Aug. 11-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>	23d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo.</u>
24. FUNERAL DIRECTOR <u>Alvin Wood</u> ADDRESS <u>303 Crane St. St. Bonifacio</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 9, 1958</u>	
		26. REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Alvin W. Hood
Signature of Student Embalmer

Signed Alvin W. Hood

Licensed Embalmer No. 278

303 Crane St.
P. O. Address Flat River

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.