

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033680

STATE FILE NUMBER

FILED SEP 26 1958

Registration District No. 267

Primary Registration District No. 4394

Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Wardell</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Wardell 0780</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <b>50 Yrs.</b>	d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Ruth</b> Middle Last <b>Dillard</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>15</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 16, 1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and state or country) <b>Reevesville, Illinois U.S.A.</b>
13a. FATHER'S NAME <b>Jacob Shires</b>		13b. MOTHER'S MAIDEN NAME <b>Carnelia Cummings</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No X</b>		16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT <b>Lyman Dillard</b> Address <b>Wardell, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral aneurysm</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>4200</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b> <b>years</b>
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.)	
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 <b>10-31-55</b> to <b>9/15/58</b> and last saw her alive on <b>9/15/58</b> Death occurred at <b>6:00 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Daniel R. Henney MD</b>		22b. ADDRESS <b>PO Box 296 Wardell Mo</b>	22c. DATE SIGNED <b>9/16/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-17-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rowe Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Wardell, Mo.</b>
24. FUNERAL DIRECTOR <b>Osburn Funeral Home, Wardell, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-17-58</b>	26. REGISTRAR'S SIGNATURE <b>John W German</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, & Welfare  
Public Service  
300  
1-57  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *James A. Fabern* .....

Licensed Embalmer No. 4185 .....

P. O. Address Wardell, Mo. .....

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.