

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042695

State File No. ....

FILED NOV 18 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 29281

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Illinois</u><br>b. COUNTY <u>Williamson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmon Heights</u> |  | c. LENGTH OF STAY (In this place) <u>8 days</u>   | c. CITY OR TOWN <u>Herrin</u> <u>8</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's</u>   |  | e. STREET ADDRESS (If rural, give location) <u>1221 North 13th St. St.</u>  |  |

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|--|-------------------------------|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Ruby</u><br>b. (Middle) <u>JEWELL</u><br>c. (Last) <u>Dwyer</u> |                               | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>11-13-58</u>              |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 9 1921</u>                                       |
| 9. AGE (In years last birthday) <u>37</u>  |                               | IF UNDER 1 YEAR Months _____ Days _____                               | IF UNDER 10 HRS. Hours _____ Min. _____                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>         |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>                      | 11. BIRTHPLACE (City and State or Foreign Country) <u>Herrin, Illinois</u> |
|  |                               | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                            |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Homer Padgett</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Lillian Ross</u> |  | 14. NAME OF HUSBAND OR WIFE <u>LEE DWYER</u>                           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> |  | 16. SOCIAL SECURITY NO. <u>unknown</u>        |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lee Dwyer Herrin, Ill</u> |  |

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|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 wks</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic Glomerulonephritis</u> <u>10 yrs</u><br>DUE TO (c) <u>592X</u> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Tracheobronchitis, Pulm. Edema, Cardiac Enlargement</u>                                  |   |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)        |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |

22. I hereby certify that I attended the deceased from 11/5, 1958, to 11/13, 1958, that I last saw the deceased alive on 11/12, 1958, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

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|--|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Edward J. Dineen MD</u>                  |  | 23b. ADDRESS <u>3720 Washington Ave</u>  |  | 23c. DATE SIGNED <u>11/13/58</u>                             |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>                     |  | 24b. DATE <u>11-13-58</u>                |  | 24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Memorial</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>WILLIAMSON COUNTY, ILL.</u> |  | DATE REC'D BY LOCAL REG. <u>11-13-58</u> |  | REGISTRAR'S SIGNATURE <u>Herbert P. Donker</u>               |  |
| FURNERAL DIRECTOR'S SIGNATURE <u>Paul J. Donald</u>                          |  | ADDRESS <u>Paul J. Donald</u>            |  |  |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..

*Not Embalmed*

Student.....  
Signature of Student Embalmer

Signed.....  
*John A. Gonosh*  
Licensed Embalmer No. *3398*  
P. O. Address .....

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