Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043714

STATE FILE NUMBER 316

FILED JAN 5 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. [redacted]

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Washington Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hospital Length of stay in 1b 4days

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before Admission)
a. STATE Mo. b. COUNTY Crawford
c. CITY OR TOWN Sullivan Mo. 0280 Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Ruby Middle Mae Last Dace

4. DATE OF DEATH Month Dec. Day 21 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Feb.20 1922
9. AGE (In years last birthday) 36 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Washington County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Roy Farris
13b. MOTHER'S MAIDEN NAME Cecil Simmons
14. NAME OF HUSBAND OR WIFE Cyrus Dace

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. 491-18-3727
17. INFORMANT Cyrus Dace Address Sullivan Mo.

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) Post Partum Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Uterine Atony
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 1 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6756
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 June 1945, to Dec 21, 1958 and last saw her/him alive on Dec 21, 1958
Death occurred at 1:30 PM. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Delta Tarre Ltd
22b. ADDRESS Sullivan, Mo
22c. DATE SIGNED 12/21/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec.24 58
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
23d. LOCATION (City, town, or county) (State) Sullivan Mo.

24. FUNERAL DIRECTOR ADDRESS Thomas P Shaffer Sullivan Mo.
25. DATE RECD. BY LOCAL REG. 12/23/58
26. REGISTRAR'S SIGNATURE F.L. Hudmann G.L.L. Hudmann Jr.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

AUG 4 1959

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 Thos. P. Shoffler

Licensed Embalmer No. 2692

P. O. Address Fullerton

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.