

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046917

STATE FILE NUMBER

FILED JAN 6 1959

Registration District No. 837 Primary Registration District No. 6159 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BLACK CREEK</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>SHELBYVILLE, Mo.</u> 10 20 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME SHELBY County</u>		Length of stay in 1b <u>16 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>SHELBYVILLE, Mo.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY Edith RALLS</u>			4. DATE OF DEATH Month Day Year <u>DEC 27, 1958</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 26, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and state or country) <u>KNOX COUNTY, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DANIEL RAMSEY</u>	
13b. MOTHER'S MAIDEN NAME <u>SARAH DOBK</u>		14. NAME OF HUSBAND OR WIFE <u>EDGAR RALLS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MRS MARY WERR</u> Address
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>Probably gastric intestinal malignancy - she was cut after the 49-X-ray for carcinoma there -</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arterio Sclerosis - Fracture of femur operated but unhealed Nov. 11-58</u>			INTERVAL BETWEEN ONSET AND DEATH <u>159X</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>Dec 25-1958</u> to <u>Dec 27-1958</u> and last saw her alive on <u>Dec 20-1958</u> Death occurred at <u>About 3:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>P. C. ... M.D.</u>		22b. ADDRESS <u>SHELBYVILLE Mo</u>	
22c. DATE SIGNED <u>12-30-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>DEC 29, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F SHELBYVILLE</u>		23d. LOCATION (City, town, or county) (State) <u>SHELBYVILLE, Mo.</u>	
24. FUNERAL DIRECTOR <u>GREENING-SHELBYVILLE, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 1-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
ALL INFORMATION IN PART I MUST BE CAUSELY 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 *Charles V. Steing*

Licensed Embalmer No. *4625*

P. O. Address *Claremont*

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.