

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008290
STATE FILE NUMBER

APR 10 1959

Registration District No. 002 Primary Registration District No. Registrar's No. 20

300
-57

1. PLACE OF DEATH a. COUNTY Andrew			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Savannah		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Savannah		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 204 S. Carson, St.		Length of stay in lb 15 yrs	d. STREET ADDRESS (If outside, give location) 204 S. Carson, St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ruby Middle Louisa Last Muir			4. DATE OF DEATH Month April Day 5 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 21 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (City and state or country) Fillmore, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME Henry Westcott		13b. MOTHER'S MAIDEN NAME Elizabeth Hoshor		14. NAME OF HUSBAND OR WIFE Reginald Muir	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Reginald Muir, Savannah, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Liver & stomach					INTERVAL BETWEEN ONSET AND DEATH Aug. to April.
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) Hemorrhagic Echinococcosis					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.) 151X				
20c. TIME OF INJURY Hour — 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from Aug. 1958 , to April 5 and last saw her alive on April 5 1959 Death occurred at 1213 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Salvator R. Nelson M.D.			22b. ADDRESS Savannah Mo		22c. DATE SIGNED 4-7-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-8-59	23c. NAME OF CEMETERY OR CREMATORY Savannah City Cemetery		23d. LOCATION (City, town, or county) (State) Savannah Mo.	
24. FUNERAL DIRECTOR Wm A. Rich Savannah Mo.		ADDRESS Savannah Mo.	25. DATE RECD. BY LOCAL REG. 4-7-59	26. REGISTRAR'S SIGNATURE Lillian Sparks	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Wm A Reich*

Licensed Embalmer No. *4778*
P. O. Address *Savannah*

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.