

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010129

STATE FILE NUMBER

FILED MAR 19 1959

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 41

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Macon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Macon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Macon</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 <b>Samaritan</b>			Length of stay in 1b <b>4 Months</b>		d. STREET ADDRESS (If outside, give location) <b>Jefferson Hotel</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Hallie</b> Middle <b>Rubey</b> Last <b>Bennett</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>22</b> , Year <b>1959</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"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 3, 1880</b>		9. AGE (In years of birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>no</b>		11. BIRTHPLACE (City and state or country) <b>Macon County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Press Rubey</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Fox</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 year or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT Address <b>Mrs. Virginia Noel Macon, 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>Sarcoma of left side face</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>		
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)							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 _____ a.m. _____ p.m.									
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 <b>Jan 17 - 1956</b> , to <b>Feb 22 - 1959</b> and last saw her <sup>her</sup> alive on <b>Feb 22 - 1959</b> Death occurred at <b>2:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Herman Mueller MD</b>					22b. ADDRESS <b>Macon</b>		22c. DATE SIGNED <b>3/9/59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 24/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cemetary</b>			23d. LOCATION (City, town, or county) (State) <b>Macon, Missouri</b>			
24. FUNERAL DIRECTOR <b>Lester Sutton</b>				ADDRESS <b>Macon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3/11/59</b>		26. REGISTRAR'S SIGNATURE <b>Ruth W. Weely</b>	

MAR 19 1959

Date Filed 3/18/59

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 L. Hutton* .....

Licensed Embalmer No. *4577* .....

P. O. Address *Macon, m* .....

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.