FILED MAY 20 1971

DEPARTMENT OF PUBLIC HEALTH AND WELFARE – MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER 71 0021418

CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB

VS 300 Rev. 1/70

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4391

DECEASED

1. DECEASED—NAME: FIRST ETHEL MIDDLE Loiuse LAST RUBLE
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): May 7, 1971
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 75
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): May 25, 1895
7a. COUNTY OF DEATH:
7b. CITY, TOWN, OR LOCATION OF DEATH: St. Louis
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): St.-Louis, Little Rock Hospitals, Inc.
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): John Ruble
12. SOCIAL SECURITY NUMBER: None
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: At Home

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Missouri
14b. COUNTY: Iron
14c. CITY, TOWN, OR LOCATION: Des Arc
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14e. STREET AND NUMBER: Box 3

PARENTS

15. FATHER—NAME: FIRST Marion MIDDLE Lewis LAST
16. MOTHER—MAIDEN NAME: FIRST Melinda MIDDLE LAST Jackson

17a. INFORMANT—NAME: John Ruble
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): DesArc, Missouri.

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE
(a) Cerebral anoxia — 10 min

DUE TO, OR AS A CONSEQUENCE OF:
(b) Ventricular tachycardia, fibrillation, standstill — Intermittent 2 days

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF:
(c) Arteriosclerotic Heart Disease — Years.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
Cardiac Pacemaker insertion

19a. AUTOPSY (YES OR NO): NO
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS ☐ YES ☐ NO ☐ UNK

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM May 3 1971 TO May 7 1971
21c. AND LAST SAW HIM/HER ALIVE ON May 7 1971
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: Did.
21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 6:45 P.M.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
HOUR OF DEATH: 6:45 P.M.
22b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH May DAY 7 YEAR 1971 HOUR 6:45 P.M.

23a. CERTIFIER—NAME (TYPE OR PRINT): Donald Judd
23b. SIGNATURE: Donald R Judd MD
DEGREE OF TITLE:
23c. DATE SIGNED (MONTH, DAY, YEAR): May 8, 1971
23d. MAILING ADDRESS—CERTIFIER: STREET OR R.F.D. NO. 411 S. Brentwood, CITY OR TOWN Clayton, STATE Missouri, ZIP 63105

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
24b. CEMETERY OR CREMATORY—NAME: Mtn. View Cemetery
24c. LOCATION: CITY OR TOWN Des Arc, STATE Mo.
24d. DATE (MONTH, DAY, YEAR): 5-10-71
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Gish – Bowles Funeral Home, Piedmont, Missouri.
25b. FUNERAL DIRECTOR—SIGNATURE: Lawrence G. Meyer
26a. REGISTRAR—SIGNATURE: Wilbur G. Robertson M.D.
26b. DATE RECEIVED BY LOCAL REGISTRAR: MAY 10 1971

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19.	CREDITS
20.	

Type or print in PERMANENT BLACK INK. See handbook for instructions.