No. 300
10-48

FILED APR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13340

BIRTH NO. 0710 1 REG. DIST. NO. 235 PRIMARY REG. DIST. NO. 5817 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: PETTIS MORGAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURUL MILL CREEK - Tyr
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOUR
b. COUNTY: MORGAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL MILL CREEK
d. STREET ADDRESS (If rural, give location): 0710

3. NAME OF DECEASED (Type or Print)
a. (First): HERSEL
b. (Middle): E
c. (Last): RUGEN

4. DATE OF DEATH (Month) (Day) (Year): Apr 19-51

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 12-15
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months 10, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MORGAN COUNTY MO
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: HERMAN RUGEN
13b. MOTHER'S MAIDEN NAME: LILLIE RODEMOYER
14. NAME OF HUSBAND OR WIFE: FAYE

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'S SIGNATURE OR NAME: MRS. FAYE RUGEN — ADDRESS: SYRACUSE MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Complete fractor of skull
DUE TO (c) Run over by farm tractor

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 9121 3

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 0710
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): FARM
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): MORGAN MISSOURI

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): A m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Ran over by his tractor

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 11 A. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gene N. Bartram 3 corner of Morgan County, Mo
23b. ADDRESS: Versailles, Mo
23c. DATE SIGNED: 20-Apr 51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APR 22-51
24c. NAME OF CEMETERY OR CREMATORY: SYRACUSE
24d. LOCATION (City, town, or county) (State): SYRACUSE MO

DATE REC'D BY LOCAL REG.: 4-23-51
REGISTRAR'S SIGNATURE: Myrta Hohenpeller 412
25. FUNERAL DIRECTOR'S SIGNATURE: A. F. Neuninger — ADDRESS: Smithton Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4-25-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-25-51

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 _____
Student Embalmer

Signed A. F. Nemmiger

Licensed Embalmer No. 3912

P. O. Address Smithton Mo

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 this body is not embalmed, fact should be so stated above.