

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17497

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5880 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY OSAGE	
b. CITY OR TOWN Pershing Crawford		c. CITY OR TOWN Pershing Crawford Twp	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0760	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) C.	c. (Last) RUEGGE	4. DATE OF DEATH (Month) (Day) (Year) MAY 3-1951
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 5, 1883	9. AGE (In years last birthday) 67	10. MONTH 9	11. DAY 28	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) Pershing, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Adolph Ruegge	13b. MOTHER'S MAIDEN NAME WILHELMINE WULMEYER	14. NAME OF HUSBAND OR WIFE MARY L. RUEGGE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ms. MARY L. RUEGGE, Pershing, MD	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericardial Circulatory Failure		102 MINUTES
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis, Massive DUE TO (c) Coronary Sclerosis		102 MINUTES INDEFINITE PROB. 15 YRS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12/21/50**, to **5/3/51**, that I last saw the deceased alive on **5/3/51**, and that death occurred at **1945** A.M., from the causes and on the date stated above.

23a. SIGNATURE Carlton Pashian, MD	23b. ADDRESS Morrison, Mo	23c. DATE SIGNED 5/4/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-6-51	24c. NAME OF GEMETERY OR CREMATORY SALEM PRESBYTERIAN	24d. LOCATION (City, town, or county) (State) Pershing, MO
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DATE REC'D BY LOCAL REG. May 11-1951	REGISTRAR'S SIGNATURE T. A. Dunsmuir	25. FUNERAL DIRECTOR'S SIGNATURE 0 Clyde Morton - Hann, Mo	ADDRESS 0
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 15 1951

RECEIVED

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 Vernon M. Weston

Licensed Embalmer No. 4125

P. O. Address Linn, 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.