

## STANDARD CERTIFICATE OF DEATH

State File No. 3404

FILED MAR 24 1952

BIRTH NO.

REG. DIST. NO. 290

PRIMARY REG. DIST. NO. 5985

Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Indiana</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fort Leonard Wood, Mo</b>		c. LENGTH OF STAY (in this place) <b>12 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Evansville</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Army Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1622 Shady Wood Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Glenn</b>		b. (Middle) <b>Earl</b>		c. (Last) <b>Ruckman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 15 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>---</b>		8. DATE OF BIRTH <b>29 Aug 1925</b>		9. AGE (in years last birthday) <b>26</b>	IF UNDER 1 YEAR Months <b>---</b> Days <b>---</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sailor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>US Navy</b>		11. BIRTHPLACE (State or foreign country) <b>9</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Glenn W. Ruckman</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>E.W. GRUNEWALD, Maj, MSC Ft Leonard Wood, Mo</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aspiration Pneumonia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture, dislocation, 5th cervical vertebra, with quadraplegia</b>						12 days
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>081</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 66</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Near Rolla Phelps Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>March 4 1952</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile accident.</b>			
22. I hereby certify that I attended the deceased from <b>4 March</b> , 19 <b>52</b> , to <b>15 March</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>15 March</b> , 19 <b>52</b> , and that death occurred at <b>11:05P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>THOMAS J. CUMMINGS, 1st Lt., MC</b>				23b. ADDRESS <b>US Army Hosp, Ft Leonard</b>		23c. DATE SIGNED <b>17 Mar 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/17/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ziemer Funeral Home</b>		24d. LOCATION (City, town, or county) (State) <b>Evansville, Ind.</b>		
DATE REC'D BY LOCAL REG. <b>3-17-52</b>		REGISTRAR'S SIGNATURE <b>Paula Grace Anderson</b>		5. FURNERAL DIRECTOR'S SIGNATURE <b>Walter F. Nudge</b>		ADDRESS <b>Herod, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 3-22-52  
File Number \_\_\_\_\_  
Pulaski County Health Officer  
RECEIVED 3-17-52

APR 2 1952

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 \_\_\_\_\_

*Walter P. Hedger*

Licensed Embalmer No. 4265

P. O. Address Jheria, 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.