S. No. 300
V. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1952

State File No. 24927

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (in this place): 5 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lebanon 0530
d. STREET ADDRESS (If rural, give location): Plato Star Route

3. NAME OF DECEASED (Type or Print)
a. (First): Mora
b. (Middle): Lee
c. (Last): Ruble

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 3, 1890
9. AGE (In years last birthday): 62 — If under 1 year: Months 1, Days 6; If under 1 day: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Laclede Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Calvin Renner
13b. MOTHER'S MAIDEN NAME: Jane Jones
14. NAME OF HUSBAND OR WIFE: Earl Ruble
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Leonard Owens
ADDRESS: Lebanon

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): Second + Third + Fourth degree — INTERVAL BETWEEN ONSET AND DEATH: 5½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Burns Entire body
DUE TO (c): Gasoline burns — 100%

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 053
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.): Highway 5
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lebanon Laclede Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 9 1952 5:30 P.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Truck & car accident

22. I hereby certify that I attended the deceased from 9 July, 1952, to 9 July, 1952, that I last saw the deceased alive on 9 July, 1952, and that death occurred at 11:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE: Paul A. Jenkins
(Degree or title): M.D.
23b. ADDRESS: Lebanon Mo. 10
23c. DATE SIGNED: July 9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/12/52
24c. NAME OF CEMETERY OR CREMATORY: White Oak Pond Cemetery
24d. LOCATION (City, town, or county) (State): near Lebanon, Mo.

DATE REC'D BY LOCAL REG.: 7-12-1952
REGISTRAR'S SIGNATURE: Nella L. Hays 424
25. FUNERAL DIRECTOR'S SIGNATURE: W. E. Holman
ADDRESS: Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Received JUL 19 1952
Laclede County Health Uni
File No. 7.52.95
Date Filed JUL 21 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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Dorsey M. Howe

Signed .....
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.