

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18512**

BIRTH NO. _____		REG. DIST. NO. <u>110</u>		PRIMARY REG. DIST. NO. <u>5425</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Franklin</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Haven (Boauf)</u> c. LENGTH OF STAY (In this place) <u>1Wk.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Haven</u> d. STREET ADDRESS (If rural, give location) <u>0360</u>				
3. NAME OF DECEASED (Type or Print) <u>Theodore Simon Ruegge</u> a. (First) <u>Theodore</u> b. (Middle) <u>Simon</u> c. (Last) <u>Ruegge</u>			4. DATE OF DEATH <u>June 18-1954</u> (Month) (Day) (Year)					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>November 25, 1872</u>		
9. AGE (In years last birthday) <u>81</u>		10. UNDER 1 YEAR <u>6</u> Months		11. UNDER 1 MIN. <u>23</u> Hours		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>New Haven Mo.</u>		
13a. FATHER'S NAME <u>Simon Ruegge</u>			13b. MOTHER'S MAIDEN NAME <u>Miss Krueger</u>			14. NAME OF HUSBAND OR WIFE <u>Katie Ruegge</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Katie Ruegge New Haven Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left adrenal gland</u> INTERVAL BETWEEN ONSET AND DEATH <u>12-18 mo.</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>195X</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
19a. DATE OF OPERATION <u>5/6/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma in left adrenal &amp; left kidney &amp; metastatic to liver</u>						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from <u>4/29</u> , 19 <u>54</u> , to <u>6/18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6/11</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>B. V. Eisenmann</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>New Haven, Mo.</u>		23c. DATE SIGNED <u>6/18/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6 20, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paters Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>New Haven Mo.</u>		
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>Wendell S. Murphy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Denton</u> ADDRESS _____				

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

0360

8 15358  
FEB 11 1975

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

*Carl Hertig*

Licensed Embalmer No. 3385

P. O. Address New Haven

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.