

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11252**

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 196			
1. PLACE OF DEATH a. COUNTY Cape Girardeau 4				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (in this place) 35 years		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		d. STREET ADDRESS (If rural, give location) 433 Themis Street			
d. FULL NAME OF HOSPITAL OR INSTITUTION Wilson Nursing Home				3. NAME OF DECEASED a. (First) Amanda b. (Middle) Elizabeth c. (Last) Ruesler					
4. DATE OF DEATH (Month) (Day) (Year) April 22 1955		5. SEX Female		6. COLOR OR RACE Caucasian		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH July 22, 1867		9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home			
11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Casey		13b. MOTHER'S MAIDEN NAME Don't Know			
14. NAME OF HUSBAND OR WIFE Charles Ruesler		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 ADDRESS Charles Ruesler, Cape Girardeau, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 mo. 10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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) 332X					
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 Oct. 23, 1954 , to Apr. 22, 1955 , that I last saw the deceased alive on Apr. 22, 1955 , and that death occurred at 1:30 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Edward Campbell M.D.		23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 4-25-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 24, 1955		24c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery					
24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.		DATE REC'D BY LOCAL REG. 4-26-55		REGISTRAR'S SIGNATURE C. C. Summers					
25. FUNERAL DIRECTOR'S SIGNATURE J. D. Homan		ADDRESS Cape Girardeau, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 29 1965

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 *H. J. Haman*

Licensed Embalmer No. *2663*

P. O. Address *Cape Girardeau 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.