

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4333**

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5440 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Clay Township</u> c. LENGTH OF STAY (In this place) <u>20 Yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bland Mo. Route</u>		d. STREET ADDRESS (If rural, give location) <u>Bland Mo. Route</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>Henry</u> c. (Last) <u>Ruskaup</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7 1956</u>
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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>April 8 1885</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 1 MONTH Days	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bland Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Ruskaup</u>	13b. MOTHER'S MAIDEN NAME <u>Lottie Brinkmann</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Gawer Ruskaup</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Florence Ruskaup</u> ADDRESS <u>O Bland Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 Hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>4201</u>
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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?
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22. I hereby certify that I attended the deceased from 2-6, 1956, to 2-7, 1956, that I last saw the deceased alive on 2-6, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paula Brenner, M.D.</u> (Degree or title)	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>2-9-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-10-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bland Mo.</u>
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DATE REC'D BY LOCAL REG. <u>February 10, 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. Maxine Jappmeyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Willard H.H. Winter</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

OWENSVILLE

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

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

Melvin H. H. Winters

Licensed Embalmer No. 3838

P. O. Address. OWEN 50126

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.