

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15909

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 13

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Crawford</u>                              |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY _____ |   |
| b. CITY OR TOWN <u>Rural</u>  |  | c. CITY OR TOWN <u>St. Louis</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) _____                                     |  | e. STREET ADDRESS (If rural, give location)<br><u>8908 Oneida Lane</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant Valley Nursing Home</u> |  |   |   |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Robert</u> b. (Middle) <u>Allen</u> c. (Last) <u>Rulon</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>5-6-56</u> |   |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>             |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>     |  |
| 8. DATE OF BIRTH <u>9-9-93</u>  |  | 9. AGE (In years last birthday) <u>82</u> |  | IF UNDER 1 YEAR: Months <u>7</u> Days <u>27</u>                           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>      |  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Laken, Illinois</u> |  |
|   |  |   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>                              |  |

|   |  |   |  |                                   |  |
|---|--|---|--|-----------------------------------|--|
| 13a. FATHER'S NAME <u>Charles Rulon</u> |  | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth M. Moats</u> |  | 14. NAME OF HUSBAND OR WIFE _____ |  |
|---|--|---|--|-----------------------------------|--|

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>494-03-9928A</u> |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Karl Hausmann</u> ADDRESS <u>8908 Oneida Lane Overland 14, Mo.</u> |  |
|---|--|---|--|---|--|

|   |  |                        |  |  |  |
|---|--|------------------------|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION  |  | ADDRESS  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infirmities of age</u>  |  | DUPLICATE TO (b) _____ |  | INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | DUPLICATE TO (c) _____ |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.           |  |                        |  |  |  |

|                              |  |  |  |  |  |
|------------------------------|--|--|--|--|--|
| 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) |  |
| 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 \_\_\_\_\_, 1954, to Apr 10, 1956, that I last saw the deceased alive on Apr 10, 1956 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |                                    |  |                                 |  |
|---|--|------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u> |  | 23b. ADDRESS <u>Steelville, Mo</u> |  | 23c. DATE SIGNED <u>5/14/56</u> |  |
|---|--|------------------------------------|--|---------------------------------|--|

|   |  |                         |  |  |  |
|---|--|-------------------------|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>5-9-56</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Taff Cemetery</u>                    |  |
|   |  |                         |  | 24d. LOCATION (City, town, or county) (State) <u>Cook station Missouri</u> |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>5/18/56</u> |  | REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichius</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry M. Jonas</u> ADDRESS <u>Steelville</u> |  |
|---|--|---|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

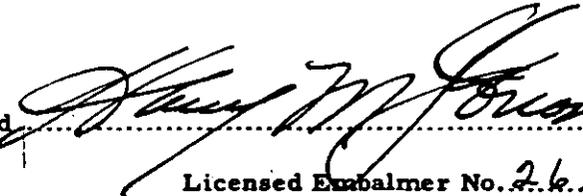
JAY 23 1956

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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.....  
Signature of Student Embalmer

Signed .....  
Licensed Embalmer No. 26.

P. O. Address Steelville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.