S. No. 300
v. 10.48

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26485

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 184

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1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WASHINGTON
c. LENGTH OF STAY (In this place): 17 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. FRANCIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: FRANKLIN
c. CITY OR TOWN: SULLIVAN
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
036/0
STREET ADDRESS (If rural, give location): 315 SAPPINGTON BRIDGE

3. NAME OF DECEASED (Type or Print)
a. (First): ROENNA
b. (Middle): G.
c. (Last): RULE

4. DATE OF DEATH (Month) (Day) (Year): AUG. 28, 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 20, 1881
9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months 2 Days 8
IF UNDER 24 HRS.: 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 (City and State or Foreign Country): ANTHONIES MILL, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LEWIS SUMMERS
13b. MOTHER'S MAIDEN NAME: JOSEPHINE FITZWATER
14. NAME OF HUSBAND OR WIFE: WILLIAM C. RULE

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: WILLIAM C. RULE
ADDRESS: SULLIVAN, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Peritonitis, acute	
ANTECEDENT CAUSES — DUE TO (b)	Intestinal obstruction, acute	
DUE TO (c)	Volvulus from adhesive band	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Hypertrophic Arthritis, Hypertension	Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 5705
20. AUTOPSY? YES ☑ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* Aug 26 *19*56*, and that death occurred at* 12 40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Crawford, Mo
23b. ADDRESS: Sullivan, Missouri
23c. DATE SIGNED: Aug 28-1956

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG 30 1956
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. MEMORIAL CEM
24d. LOCATION (City, town, or county): SULLIVAN (State): MO.

DATE REC'D BY LOCAL REG.: 8/29/56
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE: H W Eaton
ADDRESS: Sullivan, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

99

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harrison M. Eaton

Licensed Embalmer No. 4197

P. O. Address Sullivan,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.