Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 28 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31406

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 323

1. PLACE OF DEATH a. COUNTY Marion	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Hannibal — Inside Limits Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) US Highway #61 — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 312 So Hayden — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print)	First: Ellis	Middle: Sevier	Last: Ruby	4. DATE OF DEATH Month Day Year: 9-17-1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED # NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 3-30-1897	9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Highway Maintenance crew	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Ralls County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Fred Ruby		14. MOTHER'S MAIDEN NAME: Fannie Ruby		
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.	17. INFORMANT Address: Mrs Anna M Ruby, Hannibal, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Self inflicted gunshot wound in right side of head

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 976X

19. WAS AUTOPSY PERFORMED? YES ☐ NO #

20a. ACCIDENT ☐ SUICIDE # HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) gunshot wound

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year: 7:00 9-17-56

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK #

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): US Highway #61

20f. CITY, TOWN, OR LOCATION COUNTY STATE: Hannibal, Marion, Missouri

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____. Death occurred at Approx. 7:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H M O'Donnell (Degree or title) Coroner	22b. ADDRESS: Hannibal, Missouri	22c. DATE SIGNED: 9-18-56	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 9-20-56	23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery	23d. LOCATION (City, town, or county) (State): Frankford, Missouri
24. FUNERAL DIRECTOR: H. M O'Donnell	ADDRESS: Hannibal, mo.	25. DATE RECD. BY LOCAL REG.: 9/18/56	26. REGISTRAR'S SIGNATURE: [illegible] By H C Fisher

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 26 1956
MARION CO. HEALTH DEPT.
DATE FILED SEP 2 [illegible]

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, M

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