

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

2174

Registration District No. 257 Primary Registration District No. 4399 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LINN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LINN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR ST. GEORGE'S CHURCH INSTITUTION			Length of stay in 1b LIFE	d. STREET ADDRESS NONE (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOHN ADOLPH RUETTIGERS <i>First Middle Last</i>				4. DATE OF DEATH JAN. 17, 1957 <i>Month Day Year</i>			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAY 7, 1880		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired			10b. KIND OF BUSINESS OR INDUSTRY general Farming	11. BIRTHPLACE (City and state or country) Loose Creek, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME LOUIS RUETTIGERS				14. MOTHER'S MAIDEN NAME SABILLA LOCK			
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 MRS. J. A. RUETTIGERS,		Address LINN, MO.	
18. CAUSE OF DEATH [Enter only one cause permitted for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) <u>= Congestive failure</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY: Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION LINN, MO.		COUNTY STATE	
21. I attended the deceased from <u>1-1-56</u> to <u>1-17-57</u> and last saw <u>him</u> alive on <u>1-10-57</u> Death occurred at <u>8:30</u> a m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Thomas W. Baldwin D.O.</u> (Degree or title)				22b. ADDRESS LINN, MO.		22c. DATE SIGNED 1/18/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1/21/1957	23c. NAME OF CEMETERY OR CREMATORY St. GEORGE'S CATHOLIC		23d. LOCATION (City, town, or county) (State) LINN, MO.			
24. FUNERAL DIRECTOR CLYDE MORTON, LINN, MO.,			25. DATE RECD. BY LOCAL REG. 1-19-57		26. REGISTRAR'S SIGNATURE <u>Th. Schumaker</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300  
-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MAR 13 1959

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 *Vernon M. Matton*

Licensed Embalmer No. *411*

P. O. Address *Levin*

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.