

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15844**

FILED APR 23 1957

BIRTH NO. _____ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **4482** Registrar's No. **116**

1. PLACE OF DEATH a. COUNTY Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Scotland	
b. CITY OR TOWN Memphis	c. LENGTH OF STAY (in this place) 76 yrs.	c. CITY OR TOWN Memphis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0990	

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Oscar c. (Last) Rule			4. DATE OF DEATH (Month) (Day) (Year) April 18, 1957			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 15, 1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Memphis Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Oscar Rule	13b. MOTHER'S MAIDEN NAME Elixabeth Jones	14. NAME OF HUSBAND OR WIFE Dora Lee Rule
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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. 488-18-1406	17. INFORMANT'S SIGNATURE OR NAME Jay Rule ADDRESS Burlington, Ia.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **4 18, 1957** to **4 18, 1957**, that I last saw the deceased alive on **4-18, 1957**, and that death occurred at **7 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE A.M. Keethler MD (Degree or title)	23b. ADDRESS Memphis, Mo.	23c. DATE SIGNED 4-20-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-21-1957	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	24d. LOCATION (City, town, or county) (State) Scotland Co. Mo.
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DATE REC'D BY LOCAL REG. 4-20-57	REGISTRAR'S SIGNATURE Vera E. Purner	25. GENERAL DIRECTOR'S SIGNATURE W. R. Payne Sr. ADDRESS Memphis, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Neal Payne*.....

Licensed Embalmer No. *1550*

P. O. Address *Memphis, TN*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.