

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16456

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5224 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mt. Pleasant Twp.</u> township)		c. LENGTH OF STAY (in the place) <u>minutes</u>	c. CITY OR TOWN <u>Hickman mill mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Richards-Gebaur A. F. B.</u>		STREET ADDRESS (If rural, give location) <u>11800 Laurelale St</u>	

3. NAME OF DECEASED (Type or Print) <u>Gerold</u>	a. (First)	b. (Middle) <u>Ray</u>	c. (Last) <u>Rucker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-12-1916</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mid Central Fish Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hutchinson Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Charles H Rucker</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy E Henry</u>	14. NAME OF HUSBAND OR WIFE <u>Lena B Rucker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>World War 2</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>V L Rucker</u>	ADDRESS <u>208 W 81st Street</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>mid</u>
	ANTECEDENT CAUSES DUE TO (b) <u>multiple injuries</u> DUE TO (c) <u>Tornado.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9345</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE? <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Mt Pleasant</u> (COUNTY) <u>Cass</u> (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 20 57 745p</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tornado struck</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:45p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest Jande</u> (Degree or title) <u>(Coroner)</u>	23b. ADDRESS <u>Pleasant Hill, Mo</u>	23c. DATE SIGNED <u>5/21/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-24-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>
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DATE REC'D BY LOCAL BSG. <u>May 27, 1957</u>	REGISTRAR'S SIGNATURE <u>Walter A Barward</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Wormal</u>	ADDRESS <u>Jurnal Home</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 7 1957

JUN 8 1957  
DEC 8 1957  
JUN 21 1957

RECEIVED  
JUN 3 1957  
COUNTY HEALTH DEPARTMENT

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 *Richard E. George*

Licensed Embalmer No. 3958

P. O. Address *Belton, Mo*

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.